

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90026 011 ***150.00

DOCUMENT # P03000051227

1. Entity Name
NIKO PROFESSIONAL MAINTENANCE, INC.



Principal Place of Business
2301 S CONGRESS AVE #121
BOYNTON BEACH, FL 33426

Mailing Address
2301 S CONGRESS AVE #121
BOYNTON BEACH, FL 33426

2. Principal Place of Business
4960 SIMONTON ST

3. Mailing Address
P.O. BOX 244512

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272004

Chg-P

CR2E034 (10/03)

City & State
LAKE WORTH, FL

City & State
BOYNTON BEACH, FL

4. FEI Number
33-1057533

Applied For
Not Applicable

Zip
33463

Country
USA

Zip
33424

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARIZA, FRANQUI
2301 S CONGRESS AVE #121
BOYNTON BEACH, FL 33426

Name
Street Address (P.O. Box Number is Not Acceptable)
4960 SIMONTON ST

City **LAKE WORTH** **FL** **Zip Code** **33463**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ **Delete**
NAME **ARIZA, FRANQUI E**
STREET ADDRESS **2301 S CONGRESS AVE #121**
CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

TITLE **TSD** ☐ **Delete**
NAME **AZUERO, RITA M**
STREET ADDRESS **2301 S CONGRESS AVE #121**
CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **4960 SIMONTON ST.**
CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **4960 SIMONTON ST.**
CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FRANQUI ARIZA **03-10-04** **(754)366-3835**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #