

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000044633

1. Entity Name

NAKIS II, INC.

Principal Place of Business

600 NE 167TH STREET
NORTH MIAMI FL 33162
US

Mailing Address

600 NE 167TH STREET
NORTH MIAMI FL 33162-2401
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

NAKIS, JOHN
4900 N 33RD CT
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME NAKIS, JIM
STREET ADDRESS 1495 NW 10 AVE
CITY-ST-ZIP MIAMI FL 33136

TITLE D ☐ Delete
NAME NAKIS, JOHN
STREET ADDRESS 1495 NW 10 AVE
CITY-ST-ZIP MIAMI FL 33136

TITLE D ☐ Delete
NAME NAKIS-ALICHOS, ALEXANDRA
STREET ADDRESS 1495 NW 10 AVE
CITY-ST-ZIP MIAMI FL 33136

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME NAKIS JIM
STREET ADDRESS 4700 N ~~33rd~~ McKinley St.
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☒ Change ☐ Addition
NAME NAKIS JOHN
STREET ADDRESS 4900 N. 33rd ct
CITY-ST-ZIP Hollywood FL 33021

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Nakis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/00 (305) 944-3111
Date Daytime Phone #

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90033 032 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0508083 ☐ Applied For
☐ Not Applicable

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

CR2E034 (9/99)