FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2002 8:00 am & Secretary of State P94000044633 DOCUMENT # 1. Entity Name NAKIS II, INC. 04-24-2002 90371 026 ***150.00 Principal Place of Business Mailing Address 600 NE 167TH STREET 600 NE 167TH STREET UUUI VV~-NORTH MIAMI FL 33162 NORTH MIAMI FL 33162 ШS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0508083 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOHN NAKIS, JOHN 4900 N 33RD CT HOLLYWOOD FL 33021 NW 13th S+ PEMBROKE PINES 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 ed agent and title if applicable. ire required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing ! @Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Change ☐ Addition NAKIS, JIM NAME NAME STREET ADDRESS 4700 MCKINLEY STREET STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAKIS, JOHN NAKIS JOHN 13154 NW 134 St NAME NAME 4900 NORTH 33RD COURT STREET ADDRESS STREET ADDRESS CITY-ST-7IF HOLLYWOOD FL 33021 PEMBRORE PINES FL 33028 CITY-ST-ZIP NAKIS-ALICHOS ALUKANDRA Change 16523 S. SEGOVIA CIRCOU TITLE Delete TITLE NAKIS-ALICHOS, ALEXANDRA NAME NAME 1495 NW 10 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33136 PEMBROICE PINES CITY-ST-ZIP Æ TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ППЕ ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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:

4/12/02 (305)218-1172