

UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90072 006 ***150.00

DOCUMENT # P95000022469

1. Entity Name

NICRON, INC.

Principal Place of Business

Mailing Address

2812 SW 35TH ST
 MIAMI FL 33142
 US

5801 BISCAYNE BLVD
 MIAMI FL 33137-2638
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4621 Hollywood Blvd
 Suite, Apt. #, etc.
 100

4621 Hollywood Blvd
 Suite, Apt. #, etc.
 100

City & State
 Hollywood FL

City & State
 Hollywood FL

Zip
 33021

Country
 Broward

Zip
 33021

Country
 Broward

4. FEI Number 65-0578491

Applied For
 Not Applicable

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

WASSERSTROM, BARRY
 5801 BISCAYNE BLVD
 MIAMI FL 33137

Street Address (P.O. Box Number is Not Acceptable)
 4621 Hollywood Blvd

City Hollywood FL Zip Code 33021

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
 NAME ROIZIN, RUBIN
 STREET ADDRESS 2812 NW 35TH STREET
 CITY-ST-ZIP MIAMI FL

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 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption provided 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 the information 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 or 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)