

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90008 048 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06000045337			
1. Entity Name			
NIKOLEX TRADING, INC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Mailing Address	
2007 N W 79 AVENUE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
MIAMI, FL			
Zip	Country	Zip	Country
33122			
		4. FEI Number	
		85-0595257	
		Applied For	
		Not Applicable	
		5. Certificate of Status Desired ☐	
		\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
DO NOT WRITE IN THIS SPACE		Name	
DO NOT WRITE IN THIS SPACE		SUNITA BHARWANI	
DO NOT WRITE IN THIS SPACE		Street Address (P.O. Box Number is Not Acceptable)	
DO NOT WRITE IN THIS SPACE		2007 N W 79 AVENUE	
DO NOT WRITE IN THIS SPACE		City	
DO NOT WRITE IN THIS SPACE		MIAMI	
DO NOT WRITE IN THIS SPACE		FL	
DO NOT WRITE IN THIS SPACE		Zip Code	
DO NOT WRITE IN THIS SPACE		33122	
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			
January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$65.25			
9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11.	
TITLE	P/D	TITLE	P/D
NAME	SUNITA BHARWANI	NAME	
STREET ADDRESS	2007 N W 79 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33122	CITY-ST-ZIP	
TITLE	VP/D	TITLE	
NAME	NARAIN BHARWANI	NAME	
STREET ADDRESS	2007 N W 79 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33122	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DO NOT WRITE IN THIS SPACE			
12. 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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: S Bharwani (SUNITA BHARWANI)		04/30/08 305-599-9123	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	