

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90008 021 ***550.00

DOCUMENT # P95000046493

1. Entity Name
JONIK PROPERTIES, INC.

Principal Place of Business
**9615 W. BROWARD BOULEVARD
 SUITE 129
 PLANTATION FL 33324**

Mailing Address
**9615 W. BROWARD BOULEVARD
 SUITE 129
 PLANTATION FL 33324**

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2. Principal Place of Business
9715 W BROWARD BLVD
 Suite, Apt. #, etc.
129

3. Mailing Address
9715 W BROWARD BLVD
 Suite, Apt. #, etc.
129

DO NOT WRITE IN THIS SPACE

City & State
PLANTATION FL

City & State
PLANTATION FL

4. FEI Number **65-0591842** Applied For ☐ Not Applicable ☐

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

Zip **33324** Country **USA** Zip **33324** Country **USA**

6. Name and Address of Current Registered Agent

**SPANNOS, NERISSA
 9615 W. BROWARD BOULEVARD
 SUITE 129
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name **NERISSA SPANNOS**
 Street Address (P.O. Box Number is Not Acceptable)
208 SW 2 ST #2
 City **POMPANO** FL Zip Code **33060**

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 (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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLANI, DEIRDE		NAME		
STREET ADDRESS	19701 NW 7 CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33169		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPANNOS, NERISSA		NAME		
STREET ADDRESS	9615 W. BROWARD BOULEVARD #129		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33324		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **NERISSA SPANNOS VP 7/12/01** 954 785-3455
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0067996 AV

CR2E034(5/01)