

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90023 047 ***150.00

DOCUMENT # P95000046493

1. Entity Name

JONIK PROPERTIES, INC.

Principal Place of Business

**9715 W. BROWARD BLVD
 129
 PLANTATION FL 33324**

Mailing Address

**9715 W BROWARD BLVD
 129
 PLANTATION FL 33324**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0591842

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SPANNOS, NERISSA
 208 SW 2STREET
 #2
 POMPANO BEACH FL 33060**

7. Name and Address of New Registered Agent

Name: **NERISSA SPANNOS**
 Street Address (P.O. Box Number is Not Acceptable)
9715 W BROWARD BLVD
Box 129
 City: **PLANTATION** FL Zip Code: **33324**

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, 2002 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: **P** ☐ Delete
 NAME: **VILLANI, DEIRDE**
 STREET ADDRESS: **19701 NW 7 CT**
 CITY-ST-ZIP: **MIAMI FL 33169**

TITLE: **VP** ☐ Delete
 NAME: **SPANNOS, NERISSA**
 STREET ADDRESS: **9615 W. BROWARD BOULEVARD #129**
 CITY-ST-ZIP: **PLANTATION FL 33324**

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Delete

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TITLE: ☐ Delete
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 CITY-ST-ZIP:
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE: **VP** ☒ Change ☐ Addition
 NAME: **NERISSA SPANNOS**
 STREET ADDRESS: **9715 W BROWARD BLVD #129**
 CITY-ST-ZIP: **PLANTATION FL 33324**

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Change ☐ Addition

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 CITY-ST-ZIP:
☐ Change ☐ Addition

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/02 **954**
785-3455

CR2E034 (9/01)