

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90133 048 ***150.00

DOCUMENT # P96000007016**1. Entity Name**
NICK'S ELECTRONICS & AVIONICS, INC.**Principal Place of Business**
13370 SOUTHWEST 131 STREET, UNIT 113
MIAMI FL 33186**Mailing Address**
13370 SOUTHWEST 131 STREET, UNIT 113
MIAMI FL 33186**2. Principal Place of Business**
14229 SW 127 St.**3. Mailing Address**
14229 SW 127 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL**City & State**
Miami, FL**Zip**
33186**Country**
USA**Zip**
33186**Country**
USA**4. FEI Number**
65-0643072**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**~~POPOVSKI, NIKOLCE~~
10835 S.W. 146TH PLACE
MIAMI FL 33186

Name

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

City

FL

Zip Code

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** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
PT
NAME
POPOVSKI, NIKOLCE
STREET ADDRESS
10835 S.W. 146TH PLACE
CITY-ST-ZIP
MIAMI FL 33186 ☐ Delete**TITLE**
☐ Change ☐ Addition
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NAME
POPOVSKI, ASPASIJA
STREET ADDRESS
10835 S.W. 146TH PLACE
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☐ 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:****SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/2002 305-278-3831

Date

Daytime Phone #

CR2E034 (9/01)