

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000000238

1. Entity Name

NICOLE DEAN, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90160 041 \*\*\*150.00

Principal Place of Business Mailing Address  
802 SOUTHWEST 7 TERRACE 802 SOUTHWEST 7 TERRACE  
HALLANDALE FL 33009 HALLANDALE FL 33009-6970



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
3600 NE 170 ST 3600 NE 170 ST  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
# D-111 D-111

City & State City & State  
NORTH MIAMI BEACH NO MIAMI BEACH, FL

Zip Country Zip Country  
33160 MIAMI-DADE 33160 MIAMI-DADE

4. FEI Number 65-0715826 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
MONELLA, RICHARD  
802 SOUTHWEST 7 TERRACE  
HALLANDALE FL 33009

7. Name and Address of New Registered Agent  
Name RICHARD MONELLA  
Street Address (P.O. Box Number is Not Acceptable)  
3600 NE 170 ST  
# D-111  
City NORTH MIAMI BEACH FL Zip Code 33160

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. ☐ 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	P	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MONELLA, RICHARD			NAME			
STREET ADDRESS	802 SOUTHWEST 7 TERRACE			STREET ADDRESS	3600 NE 170 ST # D-111		
CITY-ST-ZIP	HALLANDALE FL 33009			CITY-ST-ZIP	NO MIAMI BEACH, FL 33160		
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			
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: *Richard Monella*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00 305-956-9590  
Date Daytime Phone #

CR2E034 (9/99)