

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000009853

1. Entity Name

NICKELS RESTAURANT (POMPAÑO), INC.

Principal Place of Business

Mailing Address

KAUFMAN LARAMEE
N. FEDERAL HWY
FL 33060

C/O KAUFMAN LARAMEE
800 RENE LEVESQUE BLVD., WEST, STE. 2220
MONTREAL, QUEBEC H3B 1X9

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NATIONAL CORPORATE RESEARCH, LTD. INC.
1406 HAYS STREET
TALLAHASSEE FL 32301

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PAUL, SARA	
STREET ADDRESS	630 DESLAURIERS	
CITY-ST-ZIP	MONTREAL CA H4N 1	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MAMMAS, LAWRENCE	
STREET ADDRESS	7043 ALFERD DE VIGNY	
CITY-ST-ZIP	MONTREAL CA H4K 2	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SARA PAUL
Paul Sara, President

April 12, 2000

514-856-5555

Date

Daytime Phone #

CR2E034 (9/99)

FILED
May 16, 2000 8:00 am
Secretary of State

04-18-2000 90150 001 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 650822274

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required