

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000009853**

1. Entity Name

NICKELS RESTAURANT (POMPANO), INC.**FILED****May 05, 2001 8:00 am**
Secretary of State

05-05-2001 90402 001 ***300.00

Principal Place of Business

C/O KAUFMAN LARAMEE
2341 N. FEDERAL HWY
POMPANO FL 33060
US

Mailing Address

C/O KAUFMAN LARAMEE
800 RENE LEVESQUE BLVD., WEST. STE. 2220
MONTREAL, QUEBEC H3B 1X9**41150**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0822274

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 ☐ Delete
NAME **PD PAUL, SARA**
STREET ADDRESS **630 DESLAURIERS**
CITY-ST-ZIP **MONTREAL CA H4N 1**TITLE ☒ Change ☐ Addition
NAME **DP PAUL SARA**
STREET ADDRESS **1955 CH. COTE DE LIESSE #205**
CITY-ST-ZIP **V.C.L. QC H4N 3A2**TITLE ☐ Delete
NAME **DS MAMMAS, LAWRENCE**
STREET ADDRESS **7043 ALFERD DE VIGNY**
CITY-ST-ZIP **MONTREAL CA H4K 2**TITLE ☒ Change ☐ Addition
NAME **DS MAMMAS, LAWRENCE**
STREET ADDRESS **2911 GUY HOFFMAN**
CITY-ST-ZIP **V.S.L. QC H4R 2R1**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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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:SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Paul Sara

2001-04-04

Date

514-856-5555

Daytime Phone #

CR2E034 (10/00)