

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90088 045 ***150.00

0357020
IN

DOCUMENT # P97000009853

1. Entity Name

NICKELS RESTAURANT (POMPAÑO), INC.

Principal Place of Business

Mailing Address

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

**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

4. FEI Number

65-0822274

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

**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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD PAUL, SARA**
 STREET ADDRESS **1955 CH. COTE DE LIESSE., #205**
 CITY-ST-ZIP **V.S.L Q.C H4N- 3A8**

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

TITLE ☐ Delete
 NAME **DS MAMMAS, LAWRENCE**
 STREET ADDRESS **2911 GUY HOFFMAN**
 CITY-ST-ZIP **V.S.L QC H4R- 2R1**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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:

Paul Sara
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 13th, 2002

Date

514-856-5555

Daytime Phone #

CR2E034 (9/01)

KAURESS SERVICES (1993) G.P.

800, René-Lévesque Blvd. West
Suite 2220
Montréal (Québec)
H3B 1X9

420254

Direct line : 514-871-5327

E-mail : cvendette@kaufmanlaramée.com

Fax : 514-871-7147

BY MESSENGER

February 22nd, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida
32314-1500

RE : Nickels Restaurant (Pompano), Inc.
Our File No. : 27351

Dear Sirs :

Please find enclosed the **2002 Uniform Business Report (UBR)** duly completed and signed together with a cheque in the amount of \$150.00 payable to Department of State covering the filing fees.

Trusting the foregoing is to your satisfaction, I remain.

Yours truly,

KAURESS SERVICES (1993) G.P.



Claudette Vendette
Technician of Law

/CV
Encls.