2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

FILED DOCUMENT # P97000025799 Mar 28, 2000 8:00 am 1. Entity Name **Secretary of State** NIK ROSE ENTERPRISES, INC. 03-28-2000 90082 029 ***158.75 Principal Place of Business Mailing Address 3003 SW 18 STREET 3003 SW 18 STREET MIAMI FL 33145-1917 MIAMI FL 33145 041014 2. Principal Place of Business Mailing Address BOX 380 SOUNT HIBILLUS PAINE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0737718 MIAMI BORH <u> സ്ഥസ</u> Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired u 5/1 3242-042 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARRIOS, JOSE ANTONIO JR. Street Address (P.O. Box Number is Not Acceptable) 3001 NW 17 AVE. **MIAMI FL 33142** SOUTH HIBISCUS 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ■ Addition TITLE PD ☐ Delete TITLE BARRIORS, JOSE ANTONIO JR. NAME NAME 380 SOUTH HIBISCUS PRINT STREET ADDRESS STREET ADDRESS 3001 NW 17 AVE. MIAMI BLAZH, IL 33/35 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33142 ☐ Addition ☐ Delete TITLE TITLE NAME BARRIORS, JOSE ANTION SR. NAME 380 SOUDT HIBISLUS DAINE STREET ADDRESS STREET ADDRESS 3003 SW 18 STREET MIAMI BENZH, HL 33/35 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33145** ☐ Addition ☐ Delete TITLE TITLE NAME NAME BARRIOS, LYDIA 380 SOUTH HIBITUS DAIN MIAMI BEARH FL 33139 STREET ADDRESS STREET ADDRESS 3003 SW 18 STREET CITY-ST-ZIP CITY-ST-ZIF **MIAMI FL 33145** Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 a address, with all other like empowered.

2-10-00