

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State
 02-28-2001 90073 014 ***158.75

DOCUMENT # P97000025799

1. Entity Name

NIK ROSE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**380 S. HIBISCUS DR
 MIAMI BCH FL 33139**

**P O BOX 42-0427
 MIAMI FL 33242-0427**

626937

2. Principal Place of Business

3. Mailing Address

P O Box 42-0427

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

4. FEI Number

65-0737718

Applied For

Not Applicable

Zip

Country

Zip

Country

33242-0427

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

**BARRIOS, JOSE ANTONIO JR.
 3001 NW 17TH AVENUE
 MIAMI FL 33142**

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 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 NAME	PD BARRIOS, JOSE ANTONIO JR.	<input type="checkbox"/> Delete
STREET ADDRESS	380 S. HIBISCUS DR	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE NAME	S BARRIOS, JOSE ANTONIO SR.	<input type="checkbox"/> Delete
STREET ADDRESS	380 S. HIBISCUS DR	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE NAME	TD BARRIOS, LYDIA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	380 S. HIBISCUS DR	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	DT Barbara Perez	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	94 S. HIBISCUS DR.	
CITY-ST-ZIP	MIAMI, FL 33139	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

1/18/01

Daytime Phone #

CR2E034 (10/00)