

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90153 017 ***150.00

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DOCUMENT # P97000034520

1. Entity Name
NAKY ENTERPRISES, INC.



Principal Place of Business
**5590 S. PINE ISLAND ROAD
DAVIE FL 33328**

Mailing Address
**5590 S. PINE ISLAND ROAD
DAVIE FL 33328**



2. Principal Place of Business
1941 SW 73rd Ave
Suite, Apt. #, etc.

3. Mailing Address
1941 SW 73rd Ave
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Plantation, FL
Zip
33317 Country

City & State
Plantation, FL
Zip
33317 Country

4. FEI Number
65-0757838

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MYRON, DIANE
5590 S. PINE ISLAND ROAD
DAVIE FL 33328**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MYRON, DIANE
5590 S. PINE ISLAND ROAD
DAVIE FL 33328** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MYRON, DANIEL
5590 S. PINE ISLAND ROAD
DAVIE FL 33328** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)