

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90214 015 ***150.00

DOCUMENT # P97000095192



1. Entity Name
NIKKI DANIELLE, INC.

Principal Place of Business
**777 NW 72 AVE
2 PL 3
MIAMI FL 33126
US**

Mailing Address
**777 NW 72 AVE
2 PL 3
MIAMI FL 33126
US**



2. Principal Place of Business
Suite, Apt. #, etc. **2 PL B**
City & State

3. Mailing Address
Suite, Apt. #, etc. **2 PL B**
City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0794405** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**SERFATY, ESQ C S
4330 SHERIDAN ST
STE 202B
HOLLYWOOD FL 33021**

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 _____ 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
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BOUHADANA, ISAIE J 1880 SOUTH OCEAN DRIVE #807W HALLANDALE FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9801 COLLINS AVE. #8W BAL HARBOUR FL. 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOUHADANA, NICOLE 1880 SOUTH OCEAN DRIVE #807W HALLANDALE FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9801 COLLINS AVE. #8W BAL HARBOUR FL. 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOUHADANA, EVA 1880 SOUTH OCEAN DRIVE #807W HALLANDALE FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9801 COLLINS AVE. #8W BAL HARBOUR AVE. FL. 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **BOUHADANA, ISAIE J.** SIGNATURE REC'D *[Signature]* **04-015-003** **305 266 2744**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)