

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014580

1. Entity Name
NICKA, INC.

FILED

00 DEC 11 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

150 WORTH AVENUE
#218
PALM BEACH FL 33480
US

Mailing Address

150 WORTH AVENUE
#218
PALM BEACH FL 33480
US

2. Principal Place of Business

16300 NE 19th Ave.
Suite, Apt. # etc.
104-S

3. Mailing Address

16300 NE 19th Ave.
Suite, Apt. #, etc.
104-S

City & State

N. Miami Bch, FL
Zip
33162
Country
USA

City & State

N. Miami Bch, FL
Zip
33162
Country
USA

4. FEI Number 65-0812312

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAYS HOLDING, INC.
3901 SOUTH OCEAN DRIVE
SUITE 1B
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

Name DAYS Holding Inc
Street Address P.O. Box Number (if not acceptable)
16300 NE 19th Ave, # 104
City N. Miami Bch FL Zip 33162

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

10-20-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	PSTD	<input checked="" type="checkbox"/> Delete
NAME	KHALBEKOV, ABDUZGABOR T	
STREET ADDRESS	150 WORTH AVE, SUITE #218	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SEREBRENNIKOVA, VALENTINA	
STREET ADDRESS	150 WORTH AVE, SUITE #218	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	KHLOUSTOR, SERGUEI A	
STREET ADDRESS	3901 SOUTH OCEAN DR, #1B	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Khalbekov, Abduzhabor	
STREET ADDRESS	16300 NE 19th Ave, #104-S, N. Miami Bch	
CITY-ST-ZIP	FL 33162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	900003506599--5	
CITY-ST-ZIP	-12/20/00--01017--006	
	*****750.00 *****750.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	REINSTATEMENT	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	900003506599--5	
CITY-ST-ZIP	-12/20/00--01017--007	
	*****8.75 *****8.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Abduszhabor Khalbekov
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR, RECEIVER, TRUSTEE, OR OTHER AUTHORIZED PERSON
Date 7/13/2000

305-947-0014

Daytime Phone #

CR2E034 (5/00)