

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90044 013 ***150.00

DOCUMENT # P98000059789

1. Entity Name

NINIGRET ASSOCIATES, INC.

Principal Place of Business

Mailing Address

2639 N RIVERSIDE DRIVE
POMPAÑO BEACH FL 33062

2639 N RIVERSIDE DRIVE
POMPAÑO BEACH FL 33062-1236

2. Principal Place of Business

3. Mailing Address

210 E COMMERCIAL BLVD
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fort Lauderdale FL

FL

Zip

Country

33308

BROWARD

Zip

Country

4. FEI Number

65-0854738

Applied For

Not Applicable

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

HOPKINS, ROBERT G
210 COMMERCIAL BLVD
FORT LAUDERDALE FL 33308

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, 2000 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 D
NAME HOPKINS, ADELE M
STREET ADDRESS 2630 N RIVERSIDE DR
CITY-ST-ZIP POMPAÑO BEACH FL 33062

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME HOPKINS, ADELE M
STREET ADDRESS 2639 N RIVERSIDE DR
CITY-ST-ZIP POMPAÑO BEACH FL 33062

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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NAME HOPKINS, ADELE M
STREET ADDRESS 2639 N RIVERSIDE DR
CITY-ST-ZIP POMPAÑO BEACH FL 33062

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Adele M. Hopkins
ADELE M. HOPKINS

April 24, 2000

Date

(954)-785-4429

Daytime Phone #

CR2E034 (9/99)