

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**  
 04-17-2001 90021 001 \*\*\*150.00

DOCUMENT # **P90000059789**

1. Entity Name  
**NINIGRET ASSOCIATES, INC**

Principal Place of Business Mailing Address  
**210 E. COMMERCIAL BLVD.**  
**LAUDERDALE BY THE SEA, FL 33308**

2. Principal Place of Business 3. Mailing Address  
**SAME SAME**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-08-547-38** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ADELE M. HOPKINS**  
**APT 1105**  
**2639 N. RIVERSIDE DR.**  
**POMPANO BEACH, FL 33062**

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.  
 SIGNATURE **Adele M. Hopkins** **4-5-01**  
 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  

TITLE	<b>President</b>	<input type="checkbox"/> Delete
NAME	<b>Adele M. Hopkins</b>	
STREET ADDRESS	<b>2639 N. Riverside Dr.</b>	
CITY-ST-ZIP	<b>Pompano Beach, FL 33062</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> Delete
NAME	<b>Same as above</b>	
STREET ADDRESS	<b>Same as above</b>	
CITY-ST-ZIP	<b>Same as above</b>	
TITLE	<b>Same as above</b>	<input type="checkbox"/> Delete
NAME	<b>Same as above</b>	
STREET ADDRESS	<b>Same as above</b>	
CITY-ST-ZIP	<b>Same as above</b>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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 **Adele M. Hopkins** **Adele M. Hopkins** **4-5-01** **954-785-4429**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)