

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071172

1. Entity Name
NICOS INTERNATIONAL, INC.

Principal Place of Business

8614 NW 70TH ST
MIAMI FL 33166

Mailing Address

8614 NW 70TH ST
SUITE 635
MIAMI FL 33166

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

RATMIROFF, JOANNA
6097 BALBOA CIRCLE
APT 3102
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name *RATHIROFF, JOANNA*

Street address (P.O. Box Number is Not Acceptable)
6881 N. Drive

City *Boca Raton*

FL

Zip Code *33433*

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, 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 **PD** ☐ Delete
NAME **RATMIROFF, JOANNA**
STREET ADDRESS **6097 BALBOA CIR #102**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **VD** ☐ Delete
NAME **COLMENARES, OSCAR**
STREET ADDRESS **6097 BALBOA CIR #102**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *6881 N. Drive*
CITY-ST-ZIP *BOCA RATON, FL 33433*

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *6881 N Drive*
CITY-ST-ZIP *BOCA RATON, FL 33433*

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91150 038 ***150.00

00040003



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0860164**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E034 (10/00)