

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003860

1. Entity Name

NICHOLAS G. SADAKA, P.A. ✓

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90023 047 ***550.00

Principal Place of Business

Mailing Address

3746 CORAL TREE CIRCLE
 COCONUT CREEK FL 33073

3746 CORAL TREE CIRCLE
 COCONUT CREEK FL 33073

2. Principal Place of Business

3. Mailing Address

1117 E Hallandale Beach Blvd

1117 E Hallandale Beach Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#7

#7

City & State,
 Hallandale FL

City & State,
 Hallandale FL

4. FEI Number

65-0909895

Applied For

Not Applicable

Zip
 33009

Country
 USA

Zip
 33009

Country
 USA

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURGESS, SCOTT ESQ.
 1041 SOUTHEAST 17TH STREET
 FORT LAUDERDALE FL 33316-1214

Name

NICHOLAS G. SADAKA

Street Address (P.O. Box Number is Not Acceptable)

1117 E Hallandale Beach Blvd #7

City

Hallandale

FL

Zip Code

33009

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)

7/17/00
 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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	President
STREET ADDRESS		STREET ADDRESS	Nicholas G. Sadaka
CITY-ST-ZIP		CITY-ST-ZIP	1117 E Hallandale Beach Blvd #7
			Hallandale; FL 33009
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

Nicholas G. Sadaka

7/17/00
 DATE

(954) 456-5124
 Daytime Phone #