

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90180 019 ***150.00

DOCUMENT # P99000003860

1. Entity Name
NICHOLAS G. SADAKA, P.A.

Principal Place of Business 1117 E HALLANDALE BEACH BLVD #7 HALLANDALE FL 33009	Mailing Address 1117 E HALLANDALE BEACH BLVD #7 HALLANDALE FL 33009
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2. Principal Place of Business 8751 W. BROWARD BLVD	3. Mailing Address 8751 W. BROWARD BLVD
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Suite, Apt. #, etc. # 109	Suite, Apt. #, etc. # 109
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City & State PLANTATION FL	City & State PLANTATION FL
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Zip 33324	Country USA	Zip 33324	Country USA
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4. FEI Number **65-0909895** Applied For
 Not Applicable

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

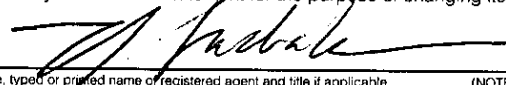
6. Name and Address of Current Registered Agent

SADAKA, NICHOLAS G
~~1117 E HALLANDALE BEACH BLVD #7~~
~~HALLANDALE FL 33009~~

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
8751 W BROWARD BLVD
109
 City
PLANTATION FL FL 33324

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SADAKA, NICHOLAS G	1117 E HALLANDALE BEACH BLVD #7	HALLANDALE FL 33009	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		8751 W BROWARD BLVD # 109	PLANTATION FL 33324	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

3/29/02
 Date

454577-8544
 Daytime Phone #

CR2E034 (9/01)