


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90196 048 \*\*\*150.00

**DOCUMENT #** P99000069045

1. Entity Name  
NIJU CORP.



Principal Place of Business  
17639 SW 31 CT  
MIRAMAR FL 33029

Mailing Address  
17639 SW 31 CT  
MIRAMAR FL 33029



2. Principal Place of Business  
*10770 N. Preserve Way*

3. Mailing Address  
*10770 N. Preserve Way*

Suite, Apt. #, etc.  
*106*

City & State  
*MIRAMAR, FL.*

CHECK HERE IF MAKING CHANGES

4. FEI Number *65-0972084*

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

KING, JULIUS III  
6995 N.W. 186TH STREET  
#E502  
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name *Julius King III*

Street Address (P.O. Box Number is Not Acceptable)  
*10770 N. Preserve Way*  
*Unit # 106*

City *MIRAMAR* FL Zip Code *33025*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Julius King III V.P. Julius King III* DATE *3/21/03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	KING, NINA W	
STREET ADDRESS	6995 NW 186 ST #E502	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	VS	<input type="checkbox"/> Delete
NAME	KING, JULIUS III	
STREET ADDRESS	6995 NW 186 ST #E502	
CITY-ST-ZIP	MIAMI FL 33015	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, NINA W	
STREET ADDRESS	10770 N. Preserve Way # 106	
CITY-ST-ZIP	MIRAMAR, FL. 33025	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, JULIUS III	
STREET ADDRESS	10770 N. Preserve Way # 106	
CITY-ST-ZIP	MIRAMAR, FL. 33025	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Julius King III V.P. Julius King III* DATE *3/21/03* DAYTIME PHONE # *954-432-1636*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)