

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90005 034 ***150.00

DOCUMENT # P99000089170

1. Entity Name

NICKEL CONSULTING, INC.

Principal Place of Business

Mailing Address

~~444 BRICKELL AVENUE SUITE 300~~
~~MIAMI FL 33131~~

~~444 BRICKELL AVENUE SUITE 300~~
~~MIAMI FL 33131 2472~~

2. Principal Place of Business

FLORIDA

3. Mailing Address

6248 NW 43 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

4. FEI Number

65-0952997

Applied

Not Applied

Zip

33067

Country

USA

Zip

33067

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERKIN, STEWART A ESQ
444 BRICKELL AVENUE SUITE 300
MIAMI FL 33131

Name

STEVE L.M. NICKEL

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

6248 NW 43 ST.

R

City

CORAL SPRINGS

FL

Zip Code

33067

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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

(PRESIDENT) STEVE L.M. NICKEL

2/2/00

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 may
 Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Delete
 NAME **STEVE L.M. NICKEL**
 STREET ADDRESS **6248 NW 43 ST.**
 CITY-ST-ZIP **CORAL SPRINGS FL. 33067**

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

TITLE **SECRETARY TREASURER** ☐ Delete
 NAME **KARIN A. NICKEL**
 STREET ADDRESS **6248 NW 43 ST.**
 CITY-ST-ZIP **CORAL SPRINGS FL. 33067**

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STEVE L.M. NICKEL (PRESIDENT)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/00

954 753 213