

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091965

1. Entity Name
NK NEWLOOK, INC.

FILED
Aug 28, 2000 8:00 am
Secretary of State

06-21-2000 90001 036 ***150.00
08-28-2000 90061 001 ***400.00

Principal Place of Business
4180 PARK AVENUE
MIAMI FL 33133

Mailing Address
4180 PARK AVENUE
MIAMI FL 33133

2. Principal Place of Business
7810 SW 51 Ave
Suite, Apt. #, etc.

3. Mailing Address
7810 SW 51 Ave
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Miami FL
Zip
33143
Country
USA

City & State
Miami FL
Zip
33143
Country
USA

4. FEI Number
05-0960354
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

OLLE, DENNIS J ESQ.
2601 SOUTH BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (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 \$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOTTIN, ROBERT-JEAN 4180 PARK AVENUE MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEUNIER, JEAN-PHILIPPE 4180 PARK AVENUE MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7810 SW 51 Ave Miami, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7810 SW 51 Ave Miami, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24/8/00 (305)5822591
Date Daytime Phone #

CR2E034 (5/00)

Attachment

P990000 91965

DK682200

6740843188

06/12/99
06/11/00
BANK OF AMERICA NA, JAX

07026

2227

06-22-00

010340291
010340291
066000109

062200 001640

DEPARTMENT ONLY
FOR DEPOSIT ONLY
ACCT# 1009068796
JUN 17 2000

NK NEWLOOK INC.
PH. 305-301-9325
7810 SW. 51ST AVENUE
MIAMI, FL 33143

80102571

1014

PAY
TO THE
ORDER OF

Department of State

DATE 06/13/00

63-902
660

One hundred and fifty

JUN 2 2000

DOLLARS

Security Features
Printed
Labels on back.

ESPIRITO SANTO BANK
of Florida
999 BRICKELL AVENUE
MIAMI, FLORIDA 33131

MIAMI, FLORIDA
63-902

FOR Doc# P99000091965 Annual 2000

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