

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091965

1. Entity Name
NK NEWLOOK, INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90105 002 ***150.00

0232868
AV

Principal Place of Business
7810 SW 51 AVE
MIAMI FL 33163
US

Mailing Address
7810 SW 51 AVE
MIAMI FL 33163
US



2. Principal Place of Business
1801 S.W. 3 Ave
Suite, Apt. #, etc.
Suite 400
City & State
MIAMI, FL 33129
Zip
33129
Country
USA

3. Mailing Address
1801 S.W. 3 Ave.
Suite, Apt. #, etc.
Suite 400
City & State
MIAMI, FL
Zip
33129
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0960359
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 Robert-Jean Nottin
Street Address (P.O. Box Number is Not Acceptable)
7810 S.W. 51 Ave
City MIAMI FL Zip Code 33163

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	D	<input type="checkbox"/> Delete
NAME	NOTTIN, ROBERT-JEAN	
STREET ADDRESS	7810 SW 51 AVE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEUNIER, JEAN-PHILIPPE	
STREET ADDRESS	7810 SW 51 AVE	
CITY-ST-ZIP	MIAMI FL 33143	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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		

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

01/20/02 (305) 854 0699
Date Daytime Phone #

CR2E034 (9/01)