

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90372 048 ***150.00

DOCUMENT # S83799

1. Entity Name
NAKIS, INC.

Principal Place of Business

**1495 NW 10TH AVE
 MIAMI SUBS
 MIAMI FL 33136
 US**

Mailing Address

**1495 NW 10TH AVE
 MIAMI SUBS
 MIAMI FL 33136
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0311383**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**NAKIS, JOHN
 4900 NORTH 33RD COURT
 HOLLYWOOD FL 33021**

Name **NAKIS JOHN**

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

13154 NW 13th St

City **Pembroke PINES**

FL

Zip Code **33028**

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 *John Nakis*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/12/02
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	NAKIS, JIM	
STREET ADDRESS	4700 MCKINLEY ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	NAKIS, JOHN	
STREET ADDRESS	4900 N 33RD CT	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	NAKIS, SOFIA	
STREET ADDRESS	4700 MCKINLEY ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	NAKIS, ALEXANDRA	
STREET ADDRESS	18523 SOUTH SEGOWIA CIRCLE	
CITY-ST-ZIP	PEMBROKE PINES FL 33331	
TITLE	V	<input type="checkbox"/> Delete
NAME	NAKIS, LAURIE	
STREET ADDRESS	4900 N 33RD CT	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAKIS JOHN	
STREET ADDRESS	13154 NW 13th St	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
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	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAKIS LAURIE	
STREET ADDRESS	13154 NW 13th St	
CITY-ST-ZIP	Pembroke Pines FL 33028	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John Nakis **John Nakis** **4/12/02** **(305) 218-1172**

CR2E034 (9/01)