

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90005 022 ***150.00

DOCUMENT # 227901

1. Entity Name
J.K. APARTMENTS INC.



Principal Place of Business
C/O SHEP EDELSTEIN
216 43RD STREET
MIAMI BEACH, FL 33140-3202 US

Mailing Address
C/O SHEP EDELSTEIN
216 43RD STREET
MIAMI BEACH, FL 33140-3202 US

94034330

2. Principal Place of Business

3. Mailing Address
9365 COLLINS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03122004

Chg-P

CR2E034 (10/03)

City & State

City & State
SURFSIDE, FL

4. FEI Number

59-0873524

Applied For

Not Applicable

Zip

Country

Zip

33154

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

EDELSTEIN, BERNARD S
9365 COLLINS AVE
SURFSIDE, FL 33154

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME EDELSTEIN, A. J.
STREET ADDRESS 40 ISLAND AVENUE
CITY-ST-ZIP MIAMI BEACH, FL

TITLE VD ☐ Delete
NAME EDELSTEIN, BERNARD
STREET ADDRESS 9365 COLLINS AVENUE
CITY-ST-ZIP SURFSIDE, FL

TITLE S ☐ Delete
NAME EDELSTEIN, MARGARET
STREET ADDRESS 9341 COLLINS AVE APT 708
CITY-ST-ZIP SURFSIDE, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME EDELSTEIN, A.J.
STREET ADDRESS 9365 COLLINS AVE.
CITY-ST-ZIP SURFSIDE, FL 33154

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

TITLE S ☒ Change ☐ Addition
NAME EDELSTEIN, MARGARET
STREET ADDRESS 9365 COLLINS AVE.
CITY-ST-ZIP SURFSIDE, FL 33154

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/19/04 205 864-0842