

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90058 004 \*\*\*150.00

**DOCUMENT # F44168**

1. Entity Name

**THREE K CORP.**

Principal Place of Business

Mailing Address

**9000 SHERIDAN ST.  
 STE. 130  
 PEMBROKE PINES FL 33024**

**9000 SHERIDAN ST.  
 STE. 130  
 PEMBROKE PINES FL 33024-8801**

2. Principal Place of Business

**21011 Johnson Street**

3. Mailing Address

**21011 Johnson Street**

Suite, Apt. #, etc.

**Suite 101**

Suite, Apt. #, etc.

**Suite 101**

City & State

**Pembroke Pines, Florida**

City & State

**Pembroke Pines, Florida**

4. FEI Number

**59-2169964**

Applied For

Not Applicable

Zip

**33029**

Country

Zip

**33029**

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KOENIG, PAUL  
 9000 SHERIDAN STREET  
 SUITE 130  
 PEMBROKE PINES FL 33024**

7. Name and Address of New Registered Agent

Name **same**

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

**21011 Johnson Street**

**Suite 101**

City

**Pembroke Pines**

**FL**

Zip Code

**33029**

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, 2000 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	<b>PTD</b>	<input type="checkbox"/> Delete
NAME	<b>KOENIG, PAUL</b>	
STREET ADDRESS	<b>9000 SHERIDAN ST #130</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> Delete
NAME	<b>KOENIG, MICHAEL</b>	
STREET ADDRESS	<b>9000 SHERIDAN ST #130</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>21011 Johnson Street, Suite 101</b>
CITY-ST-ZIP	<b>Pembroke Pines, Florida 33029</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>21011 Johnson Street, Suite 101</b>
CITY-ST-ZIP	<b>Pembroke Pines, Florida 33029</b>
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
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:**

**Michael Koenig, Vice President**

**2/7/00**

**954-436-9000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)