

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**  
 02-29-2000 90151 050 \*\*\*150.00

**DOCUMENT # F94000003139**

**i. Entity Name**  
**W. K. INTERNATIONAL, INC.**

**Principal Place of Business**  
 11759 CARACAS BLVD  
 BOYNTON BCH FL 33437

**Mailing Address**  
 11759 CARACAS BLVD  
 BOYNTON BCH FL 33437-4081  
 US

013351



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**3. Mailing Address**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**4. FEI Number** **13-2623731** **Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KOLPAK, WALTER**  
**11759 CARACAS BLVD**  
**BOYNTON BCH FL 33437**

**7. Name and Address of New Registered Agent**

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

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** *Walter Kolpak Pres.* **DATE** *2/11/00*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P KOLPAK, WALTER 11759 CARACAS BLVD BOYNTON BCH FL 33437 ST-ZIP	<input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP	
S KOLPAK, CARA 11759 CARACAS BLVD BOYNTON BCH FL 33437 ST-ZIP	<input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP	
D CANTOR, FRANCIS L 11759 CARACAS BLVD BOYNTON BCH FL 33437 ST-ZIP	<input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP	

**i3. 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:** *Walter Kolpak Pres.* **DATE** *2/11/00*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)