

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000111568

1. Entity Name

HKD ENTERPRISES, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90289 014 ***150.00

Principal Place of Business

1326 SE 17TH ST. STE 806
FT LAUDERDALE FL 33316

Mailing Address

1326 SE 17TH ST. STE 806
FT LAUDERDALE FL 33316

ATE

A0040387



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2801 SE 3RD AVE

Suite, Apt. #, etc.

14

City & State

FT LAUDERDALE FL

Zip

33316

Country

US

3. Mailing Address

1326 SE 17TH ST 806

Suite, Apt. #, etc.

1326

City & State

FT LAUDERDALE FL

Zip

33316

Country

US

4. FEI Number

N/A

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEAP, DONALD
1326 SE 17TH ST, STE 806
FT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

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.

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, 2001 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 **P** ☐ Delete
NAME **HEAP, DONALD**
STREET ADDRESS **1326 SE 17TH ST, STE 806**
CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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)(l), 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 #

2/24/2001 9545259566

CR2E034 (10/00)