

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-21-2002 90028 004 ***150.00

DOCUMENT # P01000082221

1. Entity Name
DON KOKY DESIGN, CORP.

Principal Place of Business
9500 NW 79 AVE #2
HIALEAH GARDENS FL 33016

Mailing Address
9500 NW 79 AVE #2
HIALEAH GARDENS FL 33016

- 18696



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number
65-1131583

Applied For
 Not Applicable

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

PEREZ, ERICK R
9500 NW 79 AVE #2
HIALEAH GARDENS FL 33016

Name
Segundo Z Perez
 Street Address (P.O. Box Number is Not Acceptable)
9500 NW 79 AVE Suite # 2
 City **Hialeah Gardens** FL Zip **33016**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **01/08/02**

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
 NAME **DP PEREZ, ERICK R** ☒ Delete
 STREET ADDRESS **9500 NW 79 AVE #2**
 CITY-ST-ZIP **HIALEAH GARDENS FL 33016**

TITLE
 NAME **DP Segundo Z Perez** ☐ Change ☒ Addition
 STREET ADDRESS **9500 NW 79 AVE Suite #2**
 CITY-ST-ZIP **Hialeah Gardens FL 33016**

TITLE
 NAME **DV PEREZ, HAROLD W** ☐ Delete
 STREET ADDRESS **9500 NW 79 AVE #2**
 CITY-ST-ZIP **HIALEAH GARDENS FL 33016**

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **01/08/02** (305) 820-6556
 Date Daytime Phone #

CR2E034 (9/01)