

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
 05-04-2000 90068 023 ***150.00

DOCUMENT # P-94 0000 86002 (0)
 1. Entity Name
V-K Transport Inc.

Principal Place of Business Mailing Address
4811 126th Dr. N. **Same**
Royal Palm Bch
FL 33411

2. Principal Place of Business 3. Mailing Address
 State Apt. #, etc. State Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. PER Number Applied For
65-0548397 Not Applicable
 5. Classification of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Taylor, Patricia
73 Southwest Flagler Ave
Stuart, FL 34994

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Numbers 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 (Printed name of registered agent or director) 2000 Registered Agent's Signature (Not Applicable)
 Signature (Printed name of registered agent or director) Signature (Printed name of registered agent or director) Signature (Printed name of registered agent or director)

9. This corporation is a going concern (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 \$250.00
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	S + Treasurer <input type="checkbox"/> Delete
NAME	CRONE, KAY M
STREET ADDRESS	139 WATERWAY RD
CITY-STATE-ZIP	ROYAL PALM BEACH FL 33411
TITLE	Pres <input type="checkbox"/> Delete
NAME	Kunal Viktor W
STREET ADDRESS	4811 126th Dr. N.
CITY-STATE-ZIP	Royal Palm Bch. FL 33411
TITLE	V. Pres. <input type="checkbox"/> Delete
NAME	Kunal Vincent T
STREET ADDRESS	13671 75th Ln.
CITY-STATE-ZIP	Royal Palm Bch, FL 33411
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. I hereby certify that the information supplied with this filing does not differ from the information stated in Section 219(3)(b), Florida Statutes, and 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 assigned, or as an attachment with an address, with all appropriate empowering.

SIGNATURE: Kay M Crone **4 24 00** **561-7918080**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number