

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90005 027 ***150.00

DOCUMENT # P97000014262

1. Entity Name

S.K. TRENDS, INC.

Principal Place of Business

**1051 COLLINS AVENUE
 MIAMI BEACH FL 33139**

Mailing Address

**1051 COLLINS AVENUE
 MIAMI BEACH FL 33139-5051**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

910 West Ave
 Suite, Apt. # etc.
732

3. Mailing Address

910 West Ave
 Suite, Apt. #, etc.
732

City & State

MIAMI BEACH, FL
 Zip **33139** Country **USA**

City & State

MIAMI BEACH
 Zip **33139** Country **USA**

4. FEI Number

65-0726781

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KIRPLANI, SHALU
 910 WEST AVE, APT. 732
 MIAMI BEACH FL 33139**

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, 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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	KIRPLANI, SHALU	910 WEST AVE, APT 732	MIAMI BEACH FL 33139	<input type="checkbox"/>
V	KIRPLANI, PREM	1 IVY WOOD COURT	SILVER SPRINGS MD 20904	<input type="checkbox"/>
S	KIRPLANI, DEEPA	1 IVY WOOD COURT	SILVER SPRINGS FL 20904	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Silver Spring, MD - 20904

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: *Shalu Kirplani Shalu Kirplani*

Date *04/20/00* Daytime Phone # *305-535-8865*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR02024 (0/00)