

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 437481

1. Entity Name

F.K., INC.

FILED

03 OCT 17 PM 3:00

DO NOT WRITE IN THIS SPACE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000023937670

10/20/03--01016--002 **1050.00

2. Principal Place of Business

16900 NW 18 Avenue

Suite, Apt. #, etc.

3. Mailing Address

16900 NW 18 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

59-1766388

Applied For

Not Applicable

Zip

33056

Country

USA

Zip

33056

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Gene S. Rosen

Street Address (P.O. Box Number is Not Acceptable)

1550 NE Miami Gardens Drive,

Suite 305

City

North Miami Beach

FL

Zip Code

33179

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IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
P/D
Charoni Gillespie
STREET ADDRESS
16900 NW 18 Avenue
CITY-ST-ZIP
Miami, FL 33056

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Charoni C. Gillespie
Charoni Gillespie, President

10/01/03

Date

305-949-2113

Daytime Phone #

CR2E034B (12/01)