

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 521698

1. Entity Name

THE M.K.B. CORP.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90124 012 ***150.00

Principal Place of Business 5160 LAKE OSBORNE DR P.O. BOX 4082, LANTANA, FL LAKE WORTH FL 33461	Mailing Address 5160 LAKE OSBORNE DR P.O. BOX 4082, LANTANA, FL LAKE WORTH FL 33461-6050
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	59-1737957	Applied For	
		Not Applied For	

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAHANT, NORMAN
5160 LAKE OSBORNE DR.
LAKE WORTH FL 33461

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). *will file* ☒

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.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARCINKOSKI, LOIS		NAME		
STREET ADDRESS	1065 RIDGE RD		STREET ADDRESS		
CITY-ST-ZIP	LANTANA FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAHANT, DELLENE		NAME		
STREET ADDRESS	5160 LAKE OSBORNE DR		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARCINKOSKI, RAYMOND		NAME		
STREET ADDRESS	1065 RIDGE ROAD		STREET ADDRESS		
CITY-ST-ZIP	LANTANA FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAHANT, NORMAN		NAME		
STREET ADDRESS	5160 LAKE OSBORNE DR		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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:

Monitors REQUIRED NORMAN Kahant

1-19-2000 (561) 585-587

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #