

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000845

1. Entity Name

D.K.G. & ASSOCIATES, LTD.

FILED

00 JAN 27 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
320 SOUTH FLAMINGO ROAD, SUITE 221
PEMBROKE PINES FL 33027
12812 NW 20th ST.
Pembroke Pines FL
33028

Mailing Address
320 SOUTH FLAMINGO ROAD, SUITE 221
PEMBROKE PINES FL 33027-1770

2. Principal Place of Business
12812 NW 20th ST.
Suite, Apt. #, etc.

3. Mailing Address
320 South Flamingo Rd
Suite, Apt. #, etc.
PMB 221

City & State
Pembroke Pines FL
Zip 33028 Country USA

City & State
Pembroke Pines FL
Zip 33027 Country USA

4. FEI Number 65-0744667

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAWRENCE J. SPIEGEL, P.A.
D/B/A AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name FORMAN, TERRY J
Street Address (P.O. Box Number is Not Acceptable)
1521 SW LEJEUNE ROAD
City CORAL GABLES FL Zip Code 33134

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. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME GEORGE, D. KEITH
STREET ADDRESS 12812 N.W. 20TH STREET
CITY - ST - ZIP PEMBROKE PINES FL 33028

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01/17/00

Date

954-4330815

Daytime Phone #

CR2E003 (9/99)