

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A99000000460**

1. Entity Name

**PJKD, LTD.**

**FILED**

**02 MAY -1 PM 4: 51**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



Principal Place of Business  
**1684 FLAGLER PARKWAY  
WEST PALM BEACH FL 33411**

Mailing Address  
**1684 FLAGLER PARKWAY  
WEST PALM BEACH FL 33411**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-0908760**      Not Applicable

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

**DUE BY MAY 1, 2002**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DISALVO, PATRICK J  
1684 FLAGLER PARKWAY  
WEST PALM BEACH FL 33411**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.      **\$10,000.00**      10. Amount of Capital Contributions in FLORIDA to date.      **\$ 10,000.00**      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

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
P99000021677	PJKD, INC.	1684 FLAGLER PARKWAY	WEST PALM BEACH FL 33411		

*70.00  
88.75*

**500005503795--1**  
-05/10/02--01086--012  
\*\*\*\*158.75 \*\*\*\*158.75

**BK**

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]*      Date: **4-27-02**      Daytime Phone #

CR2E003 (9/01)