

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90029 008 ***150.00

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DOCUMENT # F00000000449

1. Entity Name
MHK ENTERPRISES CORP.



Principal Place of Business 7215 LOS PINOS BLVD. CORAL GABLES FL 33143	Mailing Address 7215 LOS PINOS BLVD. CORAL GABLES FL 33143
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2. Principal Place of Business 4101 DAVIE RD. EXT. Suite, Apt. #, etc.	3. Mailing Address 4101 DAVIE RD. EXT. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Hollywood - FL.	City & State Hollywood - FL.	4. FEI Number 65-0798367	Applied For Not Applicable
Zip 33024	Country USA	Zip 33024	Country USA

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

FEUERMAN, JONATHAN
ONE S.E. THIRD AVE., SUITE 2400
MIAMI FL 33131

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 _____ (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, 2001 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	PCD KING, SIN MAN 7215 LOS PINOS BLVD. CORAL GABLES FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9464 NW 52 DORAL LANE MIAMI - FL. 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KING, KITTY 7215 LOS PINOS BLVD. CORAL GABLES FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME AS ABOVE "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KING, KELLER 7215 LOS PINOS BLVD. CORAL GABLES FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition " "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KING, QUENNI 7215 LOS PINOS BLVD. CORAL GABLES FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1240 NW 1ST AVE Pembroke Pines, FL. 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ 8/6/01 305-597-7777
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)