

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2003 8:00 am
Secretary of State

08-04-2003 90140 024 ***555.00

DOCUMENT # F02000000212					
1. Entity Name SHK CORPORATION					
Principal Place of Business CENTURY VILLAGE 117, WESTBURY "E" DEERFIELD BEACH FL 33442-4476			Mailing Address CENTURY VILLAGE 117, WESTBURY "E" DEERFIELD BEACH FL 33442-4476		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 95-4704984	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				55055194	
					
				☐ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GREENBERG, DAVID P.O. BOX 4476 DEERFIELD BEACH FL 33442			Name GREENBERG, DAVID		
			Street Address (P.O. Box Number is Not Acceptable)		
			117 WESTBURY "E"		
			City DEERFIELD BEACH FL 33442		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00					
(After September 10, 2003 Fee will be \$750.00)					
Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KATAYAMA, SHIG		NAME		
STREET ADDRESS	1055 W. 7TH STREET, SUITE 2500		STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA 90017		CITY-ST-ZIP		
TITLE	VT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KASPER, RUSSELL		NAME		
STREET ADDRESS	1055 W. 7TH STREET, SUITE 2500		STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA 90017		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WOLFE, HERBERT		NAME		
STREET ADDRESS	9840 WILSHIRE BLVD., 5TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS CA 90212		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>SIGNATURE REQUIRED</u> RUSSELL R. KASPER 7/23/03 (213) 891-9195					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (4/03)