

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90151 050 ***150.00

DOCUMENT # F94000003139

i. Entity Name

W. K. INTERNATIONAL, INC.

Principal Place of Business

11759 CARACAS BLVD
 BOYNTON BCH FL 33437

Mailing Address

11759 CARACAS BLVD
 BOYNTON BCH FL 33437-4081
 US

018851



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

13-2623731

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KOLPAK, WALTER
11759 CARACAS BLVD
BOYNTON BCH FL 33437

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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: *Walter Kolpak Pres.*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/11/00

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, 2000 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

ii.

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| OFFICERS AND DIRECTORS | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
|--|--|
| <p>P <input type="checkbox"/> Delete KOLPAK, WALTER 11759 CARACAS BLVD ST-ZIP BOYNTON BCH FL 33437</p> | <p><input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> |
| <p>S <input type="checkbox"/> Delete KOLPAK, CARA 11759 CARACAS BLVD ST-ZIP BOYNTON BCH FL 33437</p> | <p><input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> |
| <p>D <input type="checkbox"/> Delete CANTOR, FRANCIS L 11759 CARACAS BLVD ST-ZIP BOYNTON BCH FL 33437</p> | <p><input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> |
| <p><input type="checkbox"/> Delete</p> | <p><input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> |
| <p><input type="checkbox"/> Delete</p> | <p><input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> |
| <p><input type="checkbox"/> Delete</p> | <p><input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> |

CR2E034 (9/99)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Walter Kolpak Pres.

2/11/00

561-364-4831