2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

G71569 1. Entity Name DJK PROPERTIES, INC.



FILED Mar 28, 2003 8:00 am § Secretary of State

03-28-2003 90120 009 ***150.00

Principal Plac 671 SOUTHWI POMPANO BE	est 9 court	Ī	Mailing Address 671 SOUTHWEST 9 COURT POMPANO BEACH FL 33060								
2. Principal Place of Business			3. Mailing Address Suite, Apt. #, etc. City & State					 	11 0 11		
Suite, Apt. #, etc.						CHECK HERE IF MAKING CHANGES					
City & State						4. FEI Number 59-2350925		→	Applied For Not Applicable		
Zip Country			Zip	Zip Country				3.75 Additional Required			
	6. Name	and Address of Current	Registered Agent			7. Name and Address of Ne	w Registered Age	nt			
					Name						
KIRSCH, I 671 SW 9		and the second second	er e	and the second of the second o		Street Address (P.O. Box Number is Not Acceptable)					
POMPANO	D BCH FL 3	33060								1	
					City		FL	Zip Cod	е		
	named entity		or the purpose of changing	its registere	ed office or regis	stered agent, or both, in the State of	of Florida. I am fam	liar with,	and accept		
0101117117					•)	
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable. (f	NOTE: Registere	d Agent signature requ	uired when reinstating)	DATE				
_ Afte	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00				9. Election Campaig			00 May Be		
Make Check	k Pavable to	Florida Department o	f State			Trust Fund Contrib	oution.	Addec	1 to rees	}	
	k Payable to	Florida Department o		11						1	
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO	OFFICERS AND DI	RECTOR	S IN 11]]] [
10.	PD	-, OFFICERS AND		11.	1		OFFICERS AND DI			100/01	
10.		OFFICERS AND	DIRECTORS	TITLE	1		OFFICERS AND DI	RECTOR	S IN 11	140,000	
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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 receives 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 attachin an address, with all other like empoye

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

NAME STREET ADDRESS

CITY-ST-ZIP