

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90003 028 ***150.00

DOCUMENT # H07788

1. Entity Name R
KIRK ENTERPRISE, INC

Principal Place of Business Mailing Address
4700 SW 108 Ave Miami
MIAMI FL 33165

2. Principal Place of Business 3. Mailing Address
4700 SW 108 Ave **4700 SW 108 Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number
MIAMI FL **MIAMI FL** **59-2620444**

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
33165 **DADE** **33165** **DADE**

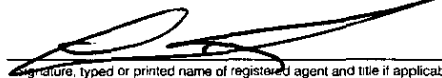
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

CHRISTOPHER KIRK
4700 SW 108 Ave
MIAMI FL 33165

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

DO NOT WRITE IN THIS SPACE

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 **7-6-00**

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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CHRISTOPHER KIRK <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4700 SW 108 Ave	NAME	
STREET ADDRESS	MIAMI FL 33165	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 lines empowered.

SIGNATURE:  DATE **7-6-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

Attachment
D#H 07788
DOB 9944

Kirk Enterprise Inc.

4700 s.w. 108ave.
Miami, Fl. 33165

June 15,2000

Division of Corporations
P.O. BOX 6327
Tallahassee,Fl 32314

To whom it may concern,

As that I did not receive my Uniform Business Report I had to order it myself.
This is why I am delayed in getting this returned.

Thank you,



Christopher Kirk