

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90444 005 ***150.00

DOCUMENT # J64962

1. Entity Name
HGK ENTERPRISES, INC.



Principal Place of Business

2645 S UNIVERSITY DR
DAVIE FL 33328

Mailing Address

307 N HIGHLANDS DR
HOLLYWOOD FL 33021

(Moved)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6100 COCONUT TERRACE

Plantation FL

33317

US



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2811700

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KAPPES, HARRY

307 N HIGHLANDS DR

HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

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

6100 COCONUT TERRACE

6100 COCONUT TERR.

City

Plantation

FL

Zip Code

33317

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

HARRY KAPPES, Pres.

HARRY KAPPES

4/16/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE **P** ☐ Delete
NAME **KAPPES, HARRY**
STREET ADDRESS **307 N HIGHLANDS DR**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

6100 COCONUT TERR.
Plantation FL 33317

TITLE **ST** ☐ Delete
NAME **KAPPES, GALE**
STREET ADDRESS **307 N HIGHLANDS DR**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

6100 COCONUT TERR.
Plantation FL 33317

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRY KAPPES

4/16/03

954 5813403

Date

Daytime Phone #

CR2E034 (10/02)