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

## K45675 DOCUMENT #

1. Entity Name

KEY WEST FL 33040

Suite, Apt. #, etc.

2. Principal Place of Business

JDK INTERNATIONAL, INC.



Principal Place of Business Mailing Address 300 FRONT STREET 300 FRONT STREET

KEY WEST FL 33040

3. Mailing Address

Suite, Apt. #, etc.

**FILED** Jan 31, 2003 8:00 am Secretary of State

01-31-2003 90161 042 \*\*\*158.75

INNTPlno



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For City & State City & State 65-0099583 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BOZA, EDWARD R Street Address (P.O. Box Number is Not Acceptable)

2226 HARRIS AVE KEY WEST FL 33040

Zip Code

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. 1 am familiar with, and accept the obligations of registered agent.

City

SIGNATURE

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

FILE NOW!!! FEE IS \$150.00

Make Check Payable to Florida Department of State

After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE MANI, DILIP NAME NAME 300 FRONT STREET STREET ADDRESS STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS · CITY - ST - ZIP --CITY-ST-ZIP Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP