

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K72826

1. Entity Name

J.L.K. MATERIALS SUPPLY COMPANY

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90194 004 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 896  
BOCA RATON FL 33429

P.O. BOX 896  
BOCA RATON FL 33429-0896

2. Principal Place of Business

1612 N.W. Boca Raton Blvd.

3. Mailing Address

1612 N.W. Boca Raton Blvd.

Suite, Apt. #, etc.

Suite 9

Suite, Apt. #, etc.

Suite 9

City & State

Boca Raton, Florida 33432

City & State

Boca Raton, Florida 33432

4. FEI Number

59-2938084

Applied For

Not Applicable

Zip

33432

Country

Palm Beach

Zip

33432

Country

Palm Beach

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUSHNER, LEE  
4300 NW 26TH COURT  
BOCA RATON FL 33433

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete  
NAME KUSHNER, LEE  
STREET ADDRESS 4300 N.W. 26TH COURT  
CITY-ST-ZIP BOCA RATON FL 33433

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

TITLE ☐ Delete  
NAME KUSHNER, MARY ALICE  
STREET ADDRESS 4300 N.W. 26TH COURT  
CITY-ST-ZIP BOCA RATON FL 33433

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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)(l), 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:

*Lee Kushner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 2000 (561) 417-4342

Date

Daytime Phone #

CR2E034 (9/99)