

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004807

1. Entity Name

C & K INTERNATIONAL, LLC

Principal Place of Business

2710 S. ATLANTIC AVE.
DAYTONA BEACH FL 32118

Mailing Address

2710 S. ATLANTIC AVE.
DAYTONA BEACH FL 32118

2. Principal Place of Business

1500 Beville Rd

Suite, Apt. #, etc.

Suite 606-237

City & State

Daytona Beach, FL

Zip

32114-5644

Country

Valusia

3. Mailing Address

1500 Beville Rd

Suite, Apt. #, etc.

Suite 606-237

City & State

Daytona Beach FL

Zip

32114-5644

Country

Valusia

6. Name and Address of Current Registered Agent

HESSE, CAROL
2710 S. ATLANTIC AVE.
DAYTONA BEACH FL 32118

4. FEI Number

59-364-2493

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name KUMAR D. SHAI

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

1500 Beville Rd

Suite 606-237

City

Daytona Beach

FL

Zip Code

32114-5644

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

9/9/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE President
NAME KUMAR D. SHAI
STREET ADDRESS 1500 Beville Rd., suite 606-237
CITY-ST-ZIP Daytona Beach, FL, 32114-5644

☐ Delete

TITLE CFO
NAME Carol F. Hesse
STREET ADDRESS 1500 Beville Rd., suite 606-237
CITY-ST-ZIP Daytona Beach, FL, 32114-5644

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

400004652464--7
-10/25/01--01019--007
*****55.00 *****55.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

01 OCT 19 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (5/01)