

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L24868**

1. Entity Name

J.K. INTERNATIONAL AUTO, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90051 029 ***150.00

Principal Place of Business

Mailing Address

3
FT. MYERS FL 33912
US

6130 IDLEWILD ST
FT. MYERS FL 33912-1214
US

2. Principal Place of Business

3. Mailing Address

J.K. International
Suite, Apt. #, etc.

6130 Idlewild St
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Fort Myers FL
33912
U.S.A

Fort Myers FL
33912
lee

4. FEI Number **65-0150160**

Applied For

Not Applicable

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

MARCINKOWSKI, KAZIMIERZ
8490 BEACON BLVD.
FT. MYERS FL 33907

Name **Prospero Jose**

Street Address (P.O. Box Number is Not Applicable)
4608 3RD ST

City **lehigh Acres FL** Zip Code **33936**

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 **DPT**
STREET ADDRESS **MARCINKOWSKI, KAZIMIERZ**
CITY-ST-ZIP **8490 BEACON BLVD.**
FT. MYERS FL

TITLE ☒ Change ☐ Addition
NAME **Prospero Jose**
STREET ADDRESS **4608 3RD ST**
CITY-ST-ZIP **lehigh Acres FL 33936**

TITLE ☐ Delete
NAME **VS**
STREET ADDRESS **PORSPERO, JOSE**
CITY-ST-ZIP **4608 3RD ST.**
LEHIGH ACRES FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Prospero Jose **4-25-00** **941-275-5442**