

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90090 002 ***150.00

0362104 AV

DOCUMENT # M35042

1. Entity Name
C. K. C. GROUP, INC.

Principal Place of Business
12743 PINEACRE LANE
WEST PALM BEACH FL 33414

Mailing Address
12743 PINEACRE LANE
WEST PALM BEACH FL 33414

00056597



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3850 NW 2 AV

3. Mailing Address
180 Yacht Club Way

Suite, Apt. #, etc.
9

Suite, Apt. #, etc.
205

City & State
Boca Raton, FL

City & State
Hypoluxo, FL

4. FEI Number
59-2696080

Applied For
 Not Applicable

Zip
33486

Country
USA

Zip
33462

Country
USA

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

6. Name and Address of Current Registered Agent

DUBINER, MICHAEL
5151 N. FLAGLER
WPB FL 33401

7. Name and Address of New Registered Agent

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, 2002 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

TITLE
PVST
 NAME
ALLEN, KAREN
 STREET ADDRESS
12743 PINEACRE LANE
 CITY-ST-ZIP
WEST PALM BEACH FL 33414

☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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☐ Change ☐ Addition

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: **Karen Allen** / **KAREN ALLEN - PRES**

3-20-02

561-329-3001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)