Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2001 8:00 am Secretary of State **DOCUMENT # M78673** 1. Entity Name N.Y.K.A., INC. 05-03-2001 90097 039 ***150.00 Principal Place of Business Mailing Address 801 SE 5TH TERR. 3321 E OAKLAND PARK BLVD **STE 119** POMPANO BEACH FL 33 FT. LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address 6317 S.W. 317 S.W Suite, Apt. #, etc. uite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE HOLL-IWOUD aoaoaboaNot Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required---6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PARKER KLOBERG, JOHN R JR. 801 S.E. 5TH TERR. POMPANO BEACH FL 33060 HOLLYWOUI the puriodse of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statemen to SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PSTD Delete Change ☐ Addition TITLE TITLE TAMOPARKER KLOBERG, JOHN P.,JR. NAME NAME 6317 SW 27th ST STREET ADDRESS STREET ADDRESS 801 SE 5TH TERR. CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33060 ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ___Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 attackment with an address, with a souther like empowered. SIGNATURE: