

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90060 037 \*\*\*150.00

**DOCUMENT # P00000017328**

1. Entity Name  
**CKB GROUP, INC.**

**P 00000017328**

Principal Place of Business

Mailing Address

**1744 LENOX AVENUE  
 MIAMI BEACH FL 33139**

**1744 LENOX AVENUE  
 MIAMI BEACH FL 33139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ 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

**FLINGS, INC.  
 3732 N.W. 16TH STREET  
 FT. LAUDERDALE FL 33311-4132**

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, 2001 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 **D** ☐ Delete  
 NAME **ST. JOHN, CALI**  
 STREET ADDRESS **1744 LENOX AVENUE**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Doc# P00000011328

29481

Form **SS-4**

(Rev. April 2000)

Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

► **Keep a copy for your records.**

Please type or print clearly.

**1** Name of applicant (legal name) (see instructions)**CKB, INC.****2** Trade name of business (if different from name on line 1)**3** Executor, trustee, "care of" name**Cali St. John****4a** Mailing address (street address) (room, apt., or suite no.)**1744 Lenox Avenue****5a** Business address (if different from address on lines 4a and 4b)**4b** City, state, and ZIP code**Miami Beach, FL 33139****5b** City, state, and ZIP code**6** County and state where principal business is located**Miami Dade County, Florida****7** Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ► **072-44-3393****Cali St. John****8a** Type of entity (Check only one box.) (see instructions)**Caution:** If applicant is a limited liability company, see the instructions for line 8a.☐ Sole proprietor (SSN)☐ Partnership☐ REMIC☐ State/local government☐ Church or church-controlled organization☐ Other nonprofit organization (specify) ►☐ Other (specify) ►☐ Personal service corp.☐ National Guard☐ Farmers' cooperative☐ Estate (SSN of decedent)☐ Plan administrator (SSN)☒ Other corporation (specify) ►☐ Trust☐ Federal government/military

(enter GEN if applicable)

**Holds a patent licensed to another Co.****8b** If a corporation, name the state or foreign country (if applicable) where incorporatedState  
**Florida**Foreign country  
**USA****9** Reason for applying (Check only one box.) (see instructions)☐ Started new business (specify type) ►☐ Hired employees (Check the box and see line 12.)☐ Created a pension plan (specify type) ►☐ Banking purpose (specify purpose) ►☐ Changed type of organization (specify new type) ►☐ Purchased going business☐ Created a trust (specify type) ►☐ Other (specify) ►**10** Date business started or acquired (month, day, year) (see instructions)**Feb 20, 2000****11** Closing month of accounting year (see instructions)**December 31****12** First date wages or annuities were paid or will be paid (month, day, year). **Note:** If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . ► **No wages at this time****13** Highest number of employees expected in the next 12 months. **Note:** If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) . . . . . ►Nonagricultural  
**0**Agricultural  
**0**Household  
**0****14** Principal activity (see instructions) ► **Holds a patent that will be licensed to another company****15** Is the principal business activity manufacturing? . . . . .☐ Yes☒ No

If "Yes," principal product and raw material used ►

**16** To whom are most of the products or services sold? Please check one box.☐ Public (retail)☒ Other (specify) ► **Holds a patent**☐ Business (wholesale)☐ N/A**17a** Has the applicant ever applied for an employer identification number for this or any other business? . . . . .☐ Yes☒ No**Note:** If "Yes," please complete lines 17b and 17c.**17b** If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ►

Trade name ►

**17c** Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

( **305** ) **695-9105**

Fax telephone number (include area code)

( **305** ) **695-9107**Name and title (Please type or print clearly.) ► **Cali St. John**

Signature ►

Date ►

**Note:** Do not write below this line. For official use only.

Please leave blank ►

Geo.

Ind.

Class

Size

Reason for applying