2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000024936

1. Entity Name

JK & LN MANAGEMENT CORP



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90158 023 ***150.00

						No. Wi	Tasi						
Principal Place 1730 E SUNR FT. LAUDERD	ISE BLVD.		Mailing Address 1730 E SUNRISE BLVD. FT. LAUDERDALE FL 33304						; 	1 3 111 11 11 1 11 2 1	i	### # C ################################	
2. Principal F	Place of Busin	ness	3. Mailing Address						100				
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & Stat	te		City & State					4. FEI Number 65-0990231 Applied For Not Applicable					
Zip	Zip Country		Zip Cour		Count	ıtry		5. C	Certificate of Status Desired		8.75 Add	ditional	
6. Name and Address of Current			Registered Agent				l l	7. Name and Address of New Registered Agent					
The state of the s						∸yãwe -	Name						
KARAISKA	AKIS, JIM		Street Addre			ddroee (P	(P.O. Box Number is Not Acceptable)						
1730 E SI	UNRISE BL\	/D.		Stre			Address (1.0. Dox ratinost is rati Acceptable)						
FT. LAUDERDALE FL 33304													
						City				FL	Zip Cod	e	
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. I am familiar with, and a the obligations of registered agent.												and accept	
		•											
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applica	ble. (NOTE:	Registered	d Agent signatu	ıre required w	hen reir	instating)	DATE			
, • · · . • F	ILE NOW!	!! FEE IS \$150.00		·						_			
After May 1, 2003 Fee will be \$550.00									 Election Campaign Finar Trust Fund Contribution. 		\$5.0	O May Be I to Fees	
Make Check Payable to Florida Department of State								ļ	irust Fund Contribution.		Augec	110 1662	
10.		OFFICERS AND	DIRECTORS		11.			ADI	DITIONS/CHANGES TO OFFIC	ERS AND D	IRECTOR:	3 IN 11	
TITLE	D			☐ Delete	TITLE					[Change	☐ Addition	
NAME	KARAISKAKIS, JIM			NAM		-						Ì	
STREET ADDRESS	,					ET ADDRESS							
City-St-ZIP		RDALE FL 33304	····		1	-ST-ZIP					_		
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12. 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

72E034 (10/0

SIGNATURE:

changed, or on an attachment wit

SIGNATURE AREQUIRED
SIGNATURE AND TYPED OF FRINTES NAME OF SIGNING OFFICER OR DIRECTOR

dress, with all other like empowered.

3 (954) 761-7827