2001 UNIFORM BUSINESS REPORT (UBR)

May 30, 2001 8:00 am Secretary of State DOCUMENT # P0000040423 1. Entity Name 05-30-2001 90034 038 ***150.00 DKSW, INC. Principal Place of Business Mailing Address 6641 SOUTHWEST 112TH PLACE 6641 SOUTHWEST 112TH PLACE AUU72262 MIAMI FL 33173 MIAMI FL 33173 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State Not Applicable Ζiρ Country Zip **Country** \$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 SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343: ALMERIA AVENUE **CORAL GABLES FL 33134** City 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: Rugistered Agent signature required when reinstating) DATE 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSD** TITLE ☐ Delete ☐ Change ☐ Addition CR2E034 (10/00 NAME KLOSZ, DENNIS NAME STREET ADDRESS 6641 SOUTHWEST 112TH PLACE STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33173 CEO ☐ Delete Change TITLE TITLE ☐ Addition NAME WEINSTEIN, STEVE NAME STREET ADDRESS 6641 SOUTHWEST 112TH PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33173 TITLE ☐ Delete TITLE ☐ Change ■ Addition WEINSTEIN, STEVE NAME NAM:F STREET ADDRESS 6641 SOUTHWEST 112TH PLACE STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP MIAMI FL: 33173- -TITLE Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Adoition NAME NAME STREET ADDRESS STHEET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. STECHEN M. WELENSKEIN