

FILED
Jul 25, 2002 8:00 am
Secretary of State

07-02-2002 90813 028 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000090023**

1. Entity Name

DKSW, Inc.**P000****DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

345 NE 131st

Suite, Apt. #, etc.

308

City & State

North Miami, FL

Zip

33181

Country

3. Mailing Address

345 NE 131st

Suite, Apt. #, etc.

308 - Suite

City & State

North Miami, FL

Zip

33181

Country

USA

4. FEI Number

06-1000923

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name **SPRUEGE, LITKEL, P.A.**

Street Address (P.O. Box Number, Not Applicable)

345 NE 131st

City

Coral Gables

FL

33134

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 or officer or director.

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 may be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 an attachment with an address, with all other like empowered.

SIGNATURE: **Steve Weinstein President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02**305-945-506**

Filing Fee

CRJ0049 (12/01)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 21, 2002

DKSW, INC.
2345 NE 135TH STREET PLACE
SUITE 308
NORTH MIAMI, FL 33181

SUBJECT: DKS~~W~~, INC.
Ref. Number: P00000040423

We have received your document for DKS~~W~~, INC. and check(s) totaling \$150.00.
However, your check(s) and document are being returned for the following:

Please sign and return your check along with this document in order to complete
your filing.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED
REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500,
TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF
THIS LETTER.**

If you have any questions concerning the filing of your document, please call
(850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 302A00040274

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314