2001 UNIFORM BUSINESS REPORT (UBR)

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Principal Place of Business 2503 N. R. V.	Age ment Service  Mailing Address  RS: Be Dr. ve  EACH Florid A 3306  3. Mailing Address  Suite, Apt. #, etc.	FILED  01 OCT 24 PM I2: 00  SECRETARY OF STATE TALLAHASSEE, FLORIDA  DO NOT WRITE IN THIS SPACE	
City & State	City & State		4. FEI Number 65-1058/5/ Applied For Not Applicable
Zip Cou	untry Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  1. Name and Address of New Registered Agent  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  Pom Pawe Beach 71. 33062			
		City	FL Zip Code
SIGNATURE Signature. typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so (See criteria on back)  FILE NOW!!! FEE IS \$550.00 After September 12, 2001. Fee will be \$750.00 Make Check Payable to Department of State  11.£  OFFICERS AND DIRECTORS  12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  Change Addition  Change Addition			
NAME 1/01-A/ STREET ADDRESS 2503	NA Goldstein Na Riversine PR. Sono Benul 71 3306	NAME STREET ADDRESS	Change
TITLE SECKE NAME TIME STREET ADDRESS 2303 A		TITLE NAME STREET ADDRESS	G000046727966 -11/08/0101061013 ****158.75 ****158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
13. I hereby certify that the information supplied with this filling 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.  SIGNATURE:			

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## HK MANAGEMENT SERVICES INC. 2503 North Riverside Drive Pompano Beach Florida 33062

Uniform Business Report
Division of Corporation
P.O. Box 1500
Tallahassee, Florida 32302-1500

## To Whom It May Concern:

I spoke with a representative at your office and explained that I never received my corporate bill because the wrong zip code was erroneously given. The correct zip code is 33062 not 33060.

I am enclosing \$150.00 fee as instructed and appreciate your office waving the late fee.

Sincerely,

Howard J. Goldstein