

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000114962**

1. Entity Name

PKM CORP.**FILED**
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90055 002 ***150.00

Principal Place of Business

**2875 N.E. 191ST STREET PH 3A
AVENTURA FL 33180**

Mailing Address

**2875 N.E. 191ST STREET PH 3A
AVENTURA FL 33180**

2. Principal Place of Business

3440 HOLLYWOOD BLVD

Suite, Apt. #, etc.

STE 360**CITY & STATE
HOLLYWOOD, FL**

Zip

33021

Country

USA

3. Mailing Address

3440 HOLLYWOOD BLVD

Suite, Apt. #, etc.

STE 360**CITY & STATE
HOLLYWOOD, FL**

Zip

33021

Country

USA

DO NOT WRITE IN THIS SPACE

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

**ROUSSO, MARK E ESQ.
2875 N.E. 191ST STREET PH 3A
AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name

MARK E. ROUSSO, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

3440 HOLLYWOOD BLVD, STE 360

City

HOLLYWOOD**FL**

Zip

33021

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)

4/18/01

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	PTD	<input type="checkbox"/> Delete
NAME	MANGUPLI, LUIS	
STREET ADDRESS	2875 N.E. 191ST STREET PH 3A	
CITY-ST-ZIP	AVENTURA FL 33180	

TITLE	VPSD	<input type="checkbox"/> Delete
NAME	KAUFMAN, RUBEN	
STREET ADDRESS	2875 N.E. 191ST STREET PH 3A	
CITY-ST-ZIP	AVENTURA FL 33180	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3440 HOLLYWOOD BLVD, STE 360	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3440 HOLLYWOOD BLVD, STE 360	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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

4/18/01

Date

954 322-4280

Daytime Phone #

CR2E034 (10/00)