

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

03-11-2002 90012 008 ***150.00

DOCUMENT # P01000009360

1. Entity Name
MK LIMITED, INC.

Principal Place of Business
20725 NE 30TH PLACE
AVENTURA FL 33180

Mailing Address
20725 NE 30TH PLACE
AVENTURA FL 33180

2. Principal Place of Business
18151 NW 31 CT

3. Mailing Address
18151 NW 31 CT

Suite, Apt. #, etc.
APT # 804

Suite, Apt. #, etc.
804

City & State
AVENTURA FL

City & State
AVENTURA FL

Zip
33160

Country

Zip
33160

Country

4. FEI Number
65-1076179

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KLINGER, MARIO .
20725 NE 30TH PLACE
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name **JOSE GLASER**
 Street Address (P.O. Box Number is Not Acceptable)
18151 NW 31 CT
APT # 804
 City **AVENTURA** FL Zip Code **33160**

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)

4-15-02 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, 2002 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 **D**
 NAME **KLINGER, MARIO** ☒ Delete
 STREET ADDRESS **20725 NE 30TH PLACE**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
 NAME **JOSE GLASER** ☐ Change ☒ Addition
 STREET ADDRESS **18151 NW 31 CT #804**
 CITY-ST-ZIP **AVENTURA, FL 33160**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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)(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:  **JOSE GLASER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-02 Date

305-931-2106 Daytime Phone #

CR2E034 (9/01)