

3/18/2002 2:58 PM

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90692 012 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PO1000011865**

1. Entity Name
PJK HOLDINGS INC.

110739

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
736 HARBOUR ISLES WAY

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NORTH PALM BEACH FL

City & State

4. FEI Number
65-1075913

Applied For
Not Applicable

Zip
33410

Country
USA

Zip
Country

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
PETER KAVOORAS
Street Address (P.O. Box Number is Not Acceptable)
736 HARBOUR ISLES WAY

City
NORTH PALM BEACH FL Zip Code
33410

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) DATE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR
PETER KAVOORAS
736 HARBOUR ISLES WAY
NORTH PALM BEACH FL 33410

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR
KATINA STEVENS-KAVOORAS
736 HARBOUR ISLES WAY
NORTH PALM BEACH FL 33410

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Peter J. Kavooras*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4/03/2002* Daytime Phone #

CR2E034B (12/01)