

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91526 027 ***150.00

434324



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000022803**1. Entity Name**
DERIK, INC.**Principal Place of Business****2341 N. 68 AVE**
HOLLYWOOD FL 33024**Mailing Address****2341 N. 68 AVE**
HOLLYWOOD FL 33024**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FFL Number

65-1106830

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****ROJAS, KATHY**
2341 N. 68 AVE
HOLLYWOOD FL 33024

Name

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

City

FL

Zip Code

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)**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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Delete
NAME **DP**
STREET ADDRESS **ROJAS, KATHY**
CITY-ST-ZIP **2341 N. 68 AVE**
HOLLYWOOD FL 33024**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME **DV**
STREET ADDRESS **ROJAS, NEIL**
CITY-ST-ZIP **2341 N. 68 AVE**
HOLLYWOOD FL 33024**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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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:***Kathy Rojas* **KATHY ROJAS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02 954-963-4889

Date

Daytime Phone #

CR2E034 (9/01)