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**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90120 014 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P01000034423**

1. Entity Name  
**DKT ENTERPRISES, INC.**

Principal Place of Business      Mailing Address  
**6870 SW 196 AVE.      6870 SW 196 AVE.**  
**PEMBROKE PINES FL 33029      PEMBROKE PINES FL 33029**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEJ Number **65-1117824**      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

**PISTONE, KELLY**  
**19333 NW 23RD ST.**  
**PEMBROKE PINES FL 33029**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

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          | <b>D</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>CORMANY, DAVID W</b>        |                                 |
| STREET ADDRESS | <b>5318 SW 117 AVE.</b>        |                                 |
| CITY-ST-ZIP    | <b>COOPER CITY FL</b>          |                                 |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>PISTONE, KELLY</b>          |                                 |
| STREET ADDRESS | <b>19333 NW 23RD ST.</b>       |                                 |
| CITY-ST-ZIP    | <b>PEMBROKE PINES FL 33029</b> |                                 |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>SCHETTINO, TODD J</b>       |                                 |
| STREET ADDRESS | <b>2307 NW 193 AVE.</b>        |                                 |
| CITY-ST-ZIP    | <b>PEMBROKE PINES FL 33029</b> |                                 |
| 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"/> 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)(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: *Todd Schettino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-02      954-689-0602  
Date      Daytime Phone #

CR2E034 (9/01)