

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90890 031 ***150.00

DOCUMENT # P01000055998

1. Entity Name

CNK INTERNATIONAL COMPANY, INC.

Principal Place of Business

C/O DAVID J. HART, P.A.
100 N. BISCAYNE BLVD., SUITE 2600
MIAMI FL 33132

Mailing Address

C/O DAVID J. HART, P.A.
100 N. BISCAYNE BLVD., SUITE 2600
MIAMI FL 33132

2. Principal Place of Business

C/O DAVID J. HART, P.A.

Suite, Apt. #, etc.

21 SE 1 AVE 10 FLOOR

City & State

MIAMI, FL

Zip

33131

Country

USA

3. Mailing Address

C/O DAVID J. HART, P.A.

Suite, Apt. #, etc.

21 SE 1 AVE 10 FLOOR

City & State

MIAMI FL

Zip

33131

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

HART, DAVID J.
100 N. BISCAYNE BLVD., SUITE 2600
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name
DAVID J. HART, P.A.

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

21 SE 1 AVE

10 FLOOR

City

MIAMI

FL

Zip Code

33131

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

TITLE **D** ☐ Delete
NAME **CAMELO, ALEXANDER**
STREET ADDRESS **100 N. BISCAYNE BLVD., SUITE 2600**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **D** ☐ Delete
NAME **CAMELO, JOHN EDWIN**
STREET ADDRESS **100 N. BISCAYNE BLVD., SUITE 2600**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)