

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2002 8:00 am**  
**Secretary of State**

07-31-2002 90105 013 \*\*\*150.00

**DOCUMENT # P01000066825**

1. Entity Name

NKM INVESTMENTS, INC.

Principal Place of Business

5911 NORTHWEST 63RD PLACE  
 PARKLAND FL 33067

Mailing Address

5911 NORTHWEST 63RD PLACE  
 PARKLAND FL 33067

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1119283

Applied For

Not Applicable

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

SPIEGEL & UTRERA, P.A.

1840 SOUTHWEST 22ND STREET

4TH FLOOR

MIAMI FL 33145

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PTD  
 MAHESHWARI, NARENDRA K  
 5911 NORTHWEST 63RD PLACE  
 PARKLAND FL 33067 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 SVD  
 MAHESHWARI, PRITI  
 5911 NORTHWEST 63RD PLACE  
 PARKLAND FL 33067 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
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 CITY-ST-ZIP  
☐ Change ☐ Addition

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 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

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:

*Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/02

Date

954-340-1378

Daytime Phone #

CR2034 (4/02)

Attachment

MOORE & COMPANY

*Certified Public Accountants*

2318 EAST ATLANTIC BOULEVARD  
POMPANO BEACH, FLORIDA 33062

TELEPHONE: 954-786-0999  
FACSIMILE: 954-786-8999

95650  
#PO1000066825

AJAY K. AGARWAL, CPA  
ANTHONY B. JACARUSO, CPA  
MATHEW K. MOORE, CPA (DECEASED)  
JOSEPH E. POLICASTRO, CPA (RETIRED)

MEMBER  
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS  
FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

August 22, 2002

Florida Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee FL 32302-1500

RE: NKM Investments, Inc.  
E.I.N. #65-1119283

Dear Sir or Madam:

Enclosed you will find the 2002 Uniform Business Report sent back from your office. The check that was attached was kept and deposited by your office.

Please be advised that this was the first notice of filing that we have received for this form. In accordance with the State of Florida Statutes, we are notifying you that no prior notice has been received and we therefore respectfully request that the original fee of \$150.00 be accepted and any or all late filing fees be abated.

Thanking you in advance for your cooperation.

Very truly yours,

MOORE & COMPANY



Ajay K. Agarwal  
Certified Public Accountant