## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P01000082221

1. Entity Name

DON KOKY DESIGN CORP



## **FILED** Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90159 019 \*\*\*150.00

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SIGNATURE    Signature   Special content signature of registered agent and to if lapphlyolo.   Dr Tri. Registered Agent signature reculted when reinstaling)   DATE				17/41	EAH	GARDENS	<u>;                                    </u>	• <b>-</b>   3	3016	
FILE NOW!!! FEE IS \$150,00 After May 1, 2003 Fee will be \$550,00 Make Cheeck Payable to printed name of registered agent and tillor if applications after May 1, 2003 Fee will be \$550,00 Make Cheeck Payable to Printed Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS CITY-ST-ZIP  10. OFFICERS AND DIRECTORS IN 11  TITLE DP PEREZ, SEQUINDO Z STREAT ADDRESS CITY-ST-ZIP  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREAT ADDRESS CITY-ST-ZIP  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREAT ADDRESS CITY-ST-ZIP  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREAT ADDRESS CITY-ST-ZIP  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREAT ADDRESS CITY-ST-ZIP  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  16. NAME STREAT ADDRESS CITY-ST-ZIP  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  17. ADDITIONS/CHANGES TO OFFI	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.									
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		ertify that the information supplied with	this filing does not qualify for the		Section 1	19 07(3)(i) Florida S	tatutes Lifueth	ner certify that t	he 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 ham 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

TEREZ (305) 8206556