2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

SIGNATURE:

P01000082802

1. Entity Name

S & K INVESTMENT GROUP INTERNATIONAL, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90488 031 ***158.75

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8895 NORTH	e of Business Military trail suite 305-e Gardens FL 33410	Mailing Address 8895 North Military Trail Suite 305-E Palm Beach Gardens FL 33410					
2. Principal P	Place of Business Lhambra Circle	3. Mailing Address 150 Alhambra Circle					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKI	NG CHANGES	
Suite 800 City & State		Suite 800 City & State		4. 5	FEI Number of 1455000	Applied For	
Coral Gables, FL		Coral Gables, FL			65-1155200	Not Applicable	
33134	Country USA	Zip 33134	Country USA	5. (Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current R	tegistered Agent	Name	7. N	Name and Address of New Registere	d Agent	
KEIHNER, BRUCE W 8895 NORTH MILITARY TRAIL SUITE 305-E			ivame	i valie			
			Street A	Street Address (P.O. Box Number is Not Acceptable)			
PALM BEACH GARDENS FL 33410					· <u></u>		
				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							
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be							
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND D		11.	AD	L DITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE `			☐ Change ☐ Addition	
NAME	KEIHNER, BRUCE W	:c	NAME				
STREET ADDRESS CITY-ST-ZIP	8895 N. MILITARY TRAIL, STE. 305 PALM BEACH GARDENS FL 33410		STREET ADDRESS CITY-ST-ZIP		è		
TITLE	V	☐ Delete	TITLE			☐ Change ☐ Addition	
NAME	CARTAYA, LIDIA		NAME				
STREET ADDRESS CITY-ST-ZIP	150 ALHAMBRA CIRCLE. STE. 800 CORAL GABLES FL 33134	J	STREET ADDRESS CITY-ST-ZIP				
TITLE	\$	Delete	TITLE	 		☐ Change ☐ Addition	
NAME	VILLAR, ALINA		NAME				
STREET ADDRESS CITY-ST-ZIP	150 ALHAMBRA CIRCLE, STE. 800 CORAL GABLES FL 33134)	STREET ADDRESS CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE	D		Change	
NAME	Buskreus, Gerti		NAME	Buckre	eus, Gerti		
STREET ADDRESS CITY-ST-ZIP	150 ALHAMBRA CIRCLE. STE. 800 CORAL GABLES FL 33134		STREET ADDRESS CITY-ST-ZIP		lhambra Circle, S		
TITLE		Delete	TITLE	Coral	Gables, FL 33134	☐ Change ☐ Addition	
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		□ Poloto	TITLE	-		Change Addition	
NAME	•	☐ Delete	NAME			Change Addition	
STREET ADDRESS		,	STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP	l			

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.