

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90033 013 ***150.00

0367801 AV

DOCUMENT # P01000090580

1. Entity Name
2RK ENTERPRISES, INC.

Principal Place of Business 15200 JOG ROAD STE 204 DELRAY BEACH FL 33446	Mailing Address 15200 JOG ROAD STE 204 DELRAY BEACH FL 33446
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3762028		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
ALBERT SALEM AND ASSOCIATES, P.A. 4600 WEST KENNEDY BLVD TAMPA FL 33609				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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MONTALVO, RICHARD 41 HARDING DRIVE RIDGEFIELD CT 66877	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Richard Montalvo 15200 Jog Rd Suit 204 DeLray Beach, fl. 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CRUZ, ROLAND JR 4278 MARINERS COVE WELLINGTON FL 33467	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U.P. ROLAND CRUZ 4278 Macineas Cove Drive Wellington fl 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS AMBROISE, KERBY JR 4078 BAHIA ISLE CIRCLE WELLINGTON FL 33467	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Kerby Ambroise 4078 Bahia Isle Circle Wellington, fl 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: *[Signature]* **3/14/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)