

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-09-2002 90033 013 ***150.00

03/27/01 AV

DOCUMENT # P01000090580

1. Entity Name
2RK ENTERPRISES, INC.

Principal Place of Business Mailing Address
15200 JOG ROAD STE 204 **15200 JOG ROAD STE 204**
DELRAY BEACH FL 33446 **DELRAY BEACH FL 33446**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
54-3762028 Not Applicable

Zip Country Zip Country 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~~

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) **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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	DP MONTALVO, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS	41 HARDING DRIVE	
CITY-ST-ZIP	RIDGEFIELD CT 66877	
TITLE NAME	DV CRUZ, ROLAND JR	<input type="checkbox"/> Delete
STREET ADDRESS	4278 MARINERS COVE	
CITY-ST-ZIP	WELLINGTON FL 33467	
TITLE NAME	DS AMBROISE, KERBY JR	<input type="checkbox"/> Delete
STREET ADDRESS	4078 BAHIA ISLE CIRCLE	
CITY-ST-ZIP	WELLINGTON FL 33467	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	Pres RICHARD MONTALVO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	15200 JOG RD SUIT 204	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE NAME	U.P. ROLDAN CRUZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4278 MARINERS COVE DRIVE	
CITY-ST-ZIP	WELLINGTON FL 33467	
TITLE NAME	Sec. Kerby Ambrose	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4078 BAHIA ISLE CIRCLE	
CITY-ST-ZIP	WELLINGTON, FL 33467	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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** Daytime Phone # _____

CR2E034 (9/01)