

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91156 015 ***150.00

DOCUMENT # P01000092547

1. Entity Name

2K, CORP.



Principal Place of Business

Mailing Address

8418 CYPRESS GARDEN CT #201
TAMPA, FL, 33614

P.O. BOX 297636
PEMBROKE PINES
FL, 33029

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

65-1146627

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOREMBLUM, KEVIN
8418 CYPRESS GARDENS CT. APT. 201
TAMPA, FL, 33614

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.

KEVIN KOREMBLUM
PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4/25/03

DATE

FILED WILL FEE \$150.00
After May 1, 2003 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME KOREMBLUM, KEVIN
STREET ADDRESS 8551 DUNDEE TER
CITY-ST-ZIP MIAMI LAKES, FL, 33016

☐ Delete

TITLE PD
NAME KOREMBLUM, KEVIN
STREET ADDRESS 19279 SW. 29TH COURT
CITY-ST-ZIP MIAMI, FL, 33029

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 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

KEVIN KOREMBLUM
PRESIDENT

4/25/03 (786) 443-0381

Date

Daytime Phone