

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-17-2003 90264 027 ***150.00

DOCUMENT # P02000003705

1. Entity Name
DKO STRATEGIES, INC.



Principal Place of Business
8730 SW 133RD AVE. RD. #124
MIAMI FL 33183

Mailing Address
8730 SW 133RD AVE. RD. #124
MIAMI FL 33183

2. Principal Place of Business
P.O. Box 14-0164
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 14-0164
Suite, Apt. #, etc.

City & State
Coral Gables FL

City & State
Coral Gables, FL

4. FEI Number
01-0583678

Applied For
Not Applicable

Zip 33114-0164 Country USA

Zip 33114-0164 Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DEKAY, GARY E
8730 SW 133RD AVE. RD. #124
MIAMI FL 33183
P.O. Box 14-0164
Coral Gables, FL
33114-0164

7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$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 D
NAME DEKAY, GARY E
STREET ADDRESS 8730 SW 133RD AVE. RD. #124
CITY-ST-ZIP MIAMI FL 33183 ☐ Delete

TITLE
NAME 430 V. I. Iobello Avenue
STREET ADDRESS P.O. Box 14-0164
CITY-ST-ZIP Coral Gables, FL 33114 ☒ Change ☐ Addition

TITLE D
NAME OTTINGER, PAUL R
STREET ADDRESS 4308 DIAMOND TERR.
CITY-ST-ZIP WESTON FL 33331 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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)(l), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/03

Date

365-515-4830

Daytime Phone #

CR2E034 (10/02)