

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90089 016 ***150.00

DOCUMENT # P02000026162



1. Entity Name
3DK INC.

Principal Place of Business
**220 THREE ISLAND BOULEVARD #205
HALLANDALE FL 33009**

Mailing Address
**220 THREE ISLAND BOULEVARD #205
HALLANDALE FL 33009**



2. Principal Place of Business
6945 WEST BROWARD BLVD.
Suite, Apt. #, etc.

3. Mailing Address
6945 WEST BROWARD BLVD
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
PLANTATION FLORIDA
Zip
33317
Country
USA

City & State
PLANTATION FLORIDA
Zip
33317
Country
USA

4. FEI Number
04-3634086

☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KATZ, DANIEL
220 THREE ISLAND BOULEVARD #205
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name
DANIEL KATZ
Street Address (P.O. Box Number is Not Acceptable)
6945 WEST BROWARD BLVD.
City
PLANTATION FL Zip Code
33317

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 *Daniel Katz* **DANIEL KATZ** 01/06/2003
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

TITLE	D	☐ Delete
NAME	HASSAN, DAVID	
STREET ADDRESS	220 THREE ISLAND BOULEVARD #205	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	☐ Delete
NAME	HASSAN, DEBBIE	
STREET ADDRESS	220 THREE ISLAND BOULEVARD #205	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	☐ Delete
NAME	KATZ, DANIEL	
STREET ADDRESS	220 THREE ISLAND BOULEVARD #205	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	☐ Delete
NAME	DE KATZ, KAREN B	
STREET ADDRESS	220 THREE ISLAND BOULEVARD #205	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☒ Change ☐ Addition
NAME	HASSAN, DAVID	
STREET ADDRESS	6945 WEST BROWARD BLVD	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	☒ Change ☐ Addition
NAME	HASSAN, DEBBIE	
STREET ADDRESS	6945 WEST BROWARD BLVD	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	☒ Change ☐ Addition
NAME	KATZ, DANIEL	
STREET ADDRESS	6945 WEST BROWARD BLVD.	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	☒ Change ☐ Addition
NAME	DE KATZ, KAREN B	
STREET ADDRESS	6945 WEST BROWARD BLVD	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Daniel Katz* **DANIEL KATZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/2003 (954)7927675
Date Daytime Phone #

CR2E034 (10/02)