


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90360 040 \*\*\*150.00

<b>DOCUMENT #</b> P02000047308	
<b>1. Entity Name</b> K & K INVESTMENTS GROUP, INC.	

<b>Principal Place of Business</b> 7740 S.W. 104TH ST. PINECREST FL 33156	<b>Mailing Address</b> 7740 S.W. 104TH ST. PINECREST FL 33156
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> P.O. Box 1048	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> Miami, FL		<b>City &amp; State</b> Miami, FL	
<b>Zip</b> 33256	<b>Country</b> USA	<b>Zip</b> 33256	<b>Country</b> USA



☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 30-0073615	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  FERNANDEZ, NANCY 7740 S.W. 104TH ST. PINECREST FL 33156	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> PTD	<b>NAME</b> FERNANDEZ, WILLIAM	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 7740 S.W. 104TH ST.	<b>CITY-ST-ZIP</b> PINECREST FL 33156	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD	<b>NAME</b> FERNANDEZ, NANCY	<b>TITLE</b> President/T./ Secretary	<b>NAME</b> Fernandez, NANCY
<b>STREET ADDRESS</b> 7740 S.W. 104TH ST.	<b>CITY-ST-ZIP</b> PINECREST FL 33156	<b>STREET ADDRESS</b> 7740 SW 104 ST	<b>CITY-ST-ZIP</b> Miami FL 33156
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** NANCY Fernandez **DATE** 1/6/03 **Daytime Phone #** 305 669-2943

CR2E034 (10/02)