

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-05-2003 91866 021 ***150.00

DOCUMENT # **PO2000074889**

1. Entity Name

JKL, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

651 Cardinal Street

Suite, Apt. #, etc.

3. Mailing Address

651 Cardinal St

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Plantation Florida

City & State

Plantation, Florida

4. FEI Number

11-3649491

Applied For

Not Applicable

Zip

33324

Country

Broward

Zip

33324

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Scott Silver**

Street Address (P.O. Box Number is Not Acceptable) **1170 Bridel Ave Ph #1**

City **Miami**

FL

Zip Code **33131**

**DO NOT WRITE
IN THIS SPACE**

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 **Scott A. Silver**

Scott A Silver

4/29/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **Sec/Treasure**
NAME **DAVID E Kasten**
STREET ADDRESS **651 Cardinal Street**
CITY-ST-ZIP **Plantation Florida 33324**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Lisa A Kasten**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa A. Kasten

5/1/03

954-693-0012

Day

Daytime Phone #

CR2E034B (12/02)