

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

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90120 050 ***150.00

DOCUMENT # PO 2000081424

1. Entity Name

R.K & K.K. Corp.?



DO NOT WRITE IN THIS SPACE

JUUUJUUJ

2. Principal Place of Business

Hovam Mediterranean Gourmet

3. Mailing Address

Hovam Mediterranean

Suite, Apt. #, etc.

451-E. Altamonte Dr # 859

Suite, Apt. #, etc.

451-E. Altamonte Dr # 859

City & State

Altamonte Spring, FL

City & State

Altamonte Spring, FL

4. FEI Number

48-1267991

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

32701

Country

Seminole

Zip

32701

Country

Seminole

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

ALTAE KARIM C.P.A

Street Address (P.O. Box Number is Not Acceptable)

421- Montegomery Rd. #165

Altamonte Spring

City

FL

Zip Code

32714

**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

Raman H. Kapadia President

04/08/03

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: PRESIDENT
NAME: RAMAN KAPADIA
STREET ADDRESS: 2223-SORRENTO CIR
CITY-ST-ZIP: WINTER PARK, FL-32792

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: SECRETARY
NAME: KOKILA KAPADIA
STREET ADDRESS: 2223-SORRENTO CIR
CITY-ST-ZIP: WINTER PARK, FL-32792

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

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**DO NOT WRITE
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:

Raman H. Kapadia

04/08/03

(407) 718-4688

(407) 767-6961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)