

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90478 007 ***150.00

DOCUMENT # P02000106962

1. Entity Name
D'KOR ENTERPRISES, INC.



Principal Place of Business
**610C WEST 18TH STREET
HIALEAH FL 33010**

Mailing Address
**610C WEST 18TH STREET
HIALEAH FL 33010**



2. Principal Place of Business
1855 Griffin Road

3. Mailing Address
1855 Griffin Road

Suite, Apt. #, etc.
A 387 A 378

Suite, Apt. #, etc.
A 387 A 378

City & State
Dania Beach, Florida

City & State
Dania Beach, Florida

4. FEI Number
11 3661510

Applied For
Not Applicable

Zip
33004

Country
USA

Zip
33004

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REYNES, DENIA P
610C WEST 18TH STREET
HIALEAH FL 33010**

Name
Sang K. Lee

Street Address (P.O. Box Number is Not Acceptable)
2400 N.W. 5th Avenue

City
Miami

FL

Zip Code
33127

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

3/7/03

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	DCP	<input checked="" type="checkbox"/> Delete
NAME	REYNES, DENIA P	
STREET ADDRESS	336 WEST 16TH STREET	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	VST	<input checked="" type="checkbox"/> Delete
NAME	REYNES, DENIA P	
STREET ADDRESS	336 WEST 16TH STREET	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sang K. Lee	
STREET ADDRESS	2400 N.W. 5th Avenue	
CITY-ST-ZIP	Miami, Florida 33127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SANG K. LEE, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-576-4785
3/7/03

Daytime Phone #

CR2E034 (10/02)