

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90140 021 ***150.00

DOCUMENT # P02000127135

1. Entity Name

K-VORK ENTERPRISES, INC.



Principal Place of Business

5010 W ATLANTIC AVE
DELRAY BEACH FL 33484

Mailing Address

5010 W ATLANTIC AVE
DELRAY BEACH FL 33484

2. Principal Place of Business

5010 W. Atlantic Ave.

3. Mailing Address

5010 W. Atlantic Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach FL

City & State

Delray Beach FL

4. FEI Number

38-3667412

Applied For

Not Applicable

Zip

33484

Country

Palm Beach

Zip

33484

Country

Palm Beach

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~SKELTON, RAYMOND J~~

~~3349 N UNIVERSITY DR STE 6~~

~~HOLLYWOOD FL 33024~~

7. Name and Address of New Registered Agent

Name

Hagop Nazarian

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

5010 W. Atlantic Ave.

City

Delray beach

FL

Zip Code

33484

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

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 ☐ Delete

NAME
Hagop Nazarian
STREET ADDRESS
5010 W. Atlantic Ave.
CITY-ST-ZIP
Delray Beach FL 33484

TITLE ☐ Delete

NAME
Kyork Nazarian
STREET ADDRESS
5010 W. Atlantic Ave.
CITY-ST-ZIP
Delray Beach FL 33484

TITLE ☐ Delete

NAME
Hagop Nazarian
STREET ADDRESS
5010 W. Atlantic Ave.
CITY-ST-ZIP
Delray Beach FL 33484

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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:

SIGNATURE REQUIRED

2/17/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)