


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90344 026 ***150.00

DOCUMENT # P03000067775

1. Entity Name
UKC INVESTMENT & PROPERTY MANAGEMENT, INC.



Principal Place of Business
**4875 NE 20TH TERR
 FT LAUDERDALE, FL 33308**

Mailing Address
**4875 NE 20TH TERR
 FT LAUDERDALE, FL 33308**

14015275



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01292004 Chg-P CR2E034 (10/03)

City & State

4. FEL Number
87-0700671

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**BARTOLOME, ELMO V
 4875 NE 20TH TERR
 FT LAUDERDALE, FL 33308**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BARTOLOME, ELMO V	
STREET ADDRESS	4875 NE 20TH TERR	
CITY-ST-ZIP	FT LAUDERDALE, FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARTOLOME, DELILAH	
STREET ADDRESS	4875 NE 20TH TERR	
CITY-ST-ZIP	FT LAUDERDALE, FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEFEBVREE, PHILIP	
STREET ADDRESS	4875 NE 20TH TERR	
CITY-ST-ZIP	FT LAUDERDALE, FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAMRA, KAMELJIT	
STREET ADDRESS	4100 GALT OCEAN DR #910	
CITY-ST-ZIP	FT LAUDERDALE, FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:  **Elmo Bartolome** 4/21/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #