

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90037 008 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P92000014753

1. Entity Name
COMTEK CORP.



90130893

Principal Place of Business
1400 NW 107TH AVE.
#211
MIAMI, FL 33172 US

Mailing Address
1400 NW 107TH AVE.
#211
MIAMI, FL 33172 US

2. Principal Place of Business
12200 NW 122 Way

3. Mailing Address
12200 NW 122 Way

Suite, Apt. #, etc.

City & State
Medley FL

Zip
33178

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0421895

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PITA, H.K. SKIP
9350 SOUTH DIXIE HIGHWAY, SUITE 1200
MIAMI, FL 33156

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

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

(NOTE: Registered Agent's signature required when reappointing)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P KALOK, GING			
	13985 NW 22ND COURT			
	PEMBROKE PINES, FL 33028			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KALOK W GING

4/30/03

305-492-4737

CR20034 (10/02)