2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000045092

1. Entity Name

KULKA CONSTRUCTION CORP.



FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90277 011 ***150.00

Principal Place of Business 3227 NORTH STATE ROAD 7 MARGATE FL 33063 US 2. Principal Place of Business			3227 I MARG US	Mailing Address 3227 NORTH STATE ROAD 7 MARGATE FL 33063 US 3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.								
Guild, Apr. II., Glo.				Out.6, Apr. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State				4. FEI Number 65-0420025 Applied For Not Applied For				pplied For ot Applicable
Zip Country			Zip	Zip Cou			5	. Certificate	of Status Desire	d 🗆	\$8.75 Ad	
6. Name and Address of Current R				egistered Agent			7. Name and Address of New Registered Agent					
NEJIB, KENNETH 3227 NORTH STATE ROAD 7 MARGATE FL 33063						Name Street Add	dress (P.O.	, Box Numbe	r is Not Accepta	ible)		-
						City				F	Zip Cod	de .
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 Rayable to Florida Department of State									ction Campaign st Fund Contribu		\$5.0 Adde	00 May Be d to Fees
10.		OFFICERS AND	DIRECTO	RECTORS 11.				I ADDITIONS/0	CHANGES TO C	OFFICERS AN	ND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEJIB, KENNETH S 3227 NORTH STATE ROAD 7 MARGATE FL 33063					E ET ADDRESS -ST-ZIP					☐ Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP	ortify that the	information supplied with	thin filling	Delete	CITY-	T ADDRESS ST-ZIP		- 110 07(0)	P. 14 P. 15		☐ Change	Addition

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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>Pres.</u>

3 904*98*9

Daytime Phone #