2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P93000085954 1. Entity Name D H K CORPORATION



Principal Place of Business

Mailing Address

FILED Mar 20, 2003 8:00 am Secretary of State

03-20-2003 90125 007 \*\*\*150.00

30044644

20281 E. COUNTRY CLUB DRIVE SUITE 2101 AVENTURA, FL 33180  2. Principal Place of Business 87/6 /NG/ETON COULT 87/6 /NG/ETON COULT 87/6 /NG										
Suite, Apt.		ETON WILL	Suite, Apt. #, etc.	D . 1 - 1 - 0 - 0			CHECK HERE IF MAKING CHANGES			
City & State ORLANDO FL.			City & State ONCONDO FL.			4.	FEI Number 65-0453515		Applied For Not Applicable	
Zip 328	32836 Country Zip 32			Country OLMGR.		<b>5</b> .	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				
GORDON, I FOWLER, V 100 S.E. 2N MIAMI, FL 3	AL			Name Street Address (P.O. Box Number is Not Acceptable)						
injum, 12 deter					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										
FILE NOWIH, FEE'IS, \$150.00 After May 1, 2003 Fe's Init be \$550.00 Maks Chack Payable to Florida Department of State							Election Campaign Financ Trust Fund Contribution.	☐ Ād	5.00 May Be ided to Fees	
10.	OFFICERS AND DIRECTORS 11.					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KURLAND, BERTRAM 20281 E COUNTRY CLUB DR APT 2101 AVENTURA, FL 33180				T ADDRESS ST - ZIP	•		∐ Char	nge Addition (	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KURLANI 20281 E C AVENTUR	T 2101	B				☐ Char	nge Addition		
TITLE NAME STREET ADDRESS CITY-ST-2IP	3T / 87/ OR	AMY KURLA 6 INGLETO LANDOFL	9んD □Delete NCT 31836	STREE	T ADDRESS S1 - 21P	* <del></del>		☐ Char	ige Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	8				□ Char	ige Addition	
TITLE NAME STREET ADDRESS CITY-51-2IP			☐ Delete	H				☐ Char	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-2P 12.   hereby 6	certify that th	e information supplied with	□ Delete .  this filing does not qualify for	слу-	T ADDRESS ST - ZIP	In Section	119.07(3)(i), Florida Statules. I fur	. ☐ Chan		

of the corporation or the receiver or trustee changed, or on an attachment with an addr is report as required by Chapter 607, Florida Statules; and that my name appears in Block 10 or Block 11 if