

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90079 030 \*\*\*158.75

**DOCUMENT # P94000003144**

1. Entity Name

**FDK TAMiami, INC.**

Principal Place of Business

13851 S.W. 84 COURT  
 MIAMI FL 33158  
 US

Mailing Address

13851 S.W. 84 COURT  
 MIAMI FL 33186-8522  
 US

2. Principal Place of Business

11817 SW 90 Terr  
 Suite, Apt. #, etc.

3. Mailing Address

11817 SW 90 Terr.  
 Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0462525

Applied For

Not Applicable

Zip

33186

Country

USA

Zip

33186

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KUKER, HOWARD L  
 9200 S DADELAND BLVD  
 SUITE 508  
 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.

SIGNATURE

*Felix D. Khoury*  
 Signature, typed or printed name of registered agent and title

*Felix D. Khoury*  
 (NOTE: Registered Agent signature required when reinstating)

4-9-00  
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KHOURY, FELIX D	
STREET ADDRESS	13851 S.W. 84 COURT	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	D	<input type="checkbox"/> Delete
NAME	KHOURY, MONA	
STREET ADDRESS	13851 S.W. 84 COURT	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	(ADDRESS ONLY)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11817 SW 90 Terr.	
STREET ADDRESS	Miami, FL 33186	
CITY-ST-ZIP		
TITLE	(ADDRESS ONLY)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11817 SW 90 Terr	
STREET ADDRESS	Miami, FL 33186	
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		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Felix D. Khoury*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-00  
 Date

305-596-2209  
 Daytime Phone #

CR2E034 (9/99)