

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000005568

1. Entity Name

K & K ADVANTAGE TRUST, INC.

FILED

00 SEP 18 AM 10:24

Principal Place of Business

1122 MAR DEL PLATA ST SOUTH
JACKSONVILLE FL 32256

Mailing Address

2121 ROSECRANS AVENUE
C/O DAVID NESTE
EL SEGUNDO CA 90245

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

1122 Mar Del Plata St. S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Jacksonville, FL

4. FEI Number

65-0464508

Applied For

Not Applicable

Zip

Country

Zip

32256

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

HURTADO, IRMA
1122 MAR DEL PLATA ST SOUTH
JACKSONVILLE FL 32256

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

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
OP
HURTADO, IRMA
1122 MAR DEL PLATA ST SOUTH
JACKSONVILLE FL 32256 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
8000003419918-1
-10/10/00--01009-008
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Signature of Irma Hurtado
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00
Date

904-641-0744
Daytime Phone #

0000003419918-1

**PRAGER
AND
FENTON**

CERTIFIED
PUBLIC
ACCOUNTANTS

12424 WILSHIRE BOULEVARD, SUITE 1000 LOS ANGELES, CA 90025-1044 (310) 207-2220 FAX (310) 207-0556

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

September 12, 2000

Re: K & K Advantage Trust, Inc.
P94000005568

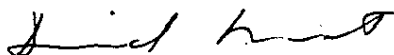
Dear Sir/Madam,

The enclosed Uniform Business Report for 2000 was received at our new office location last week after being forwarded by the new tenant at our old address. We never received the originally mailed form and only recently received the second mailed form. Our office moved late last year to our new location. We had attempted to notify all of our business contacts of the new address; however, we forgot to notify your office on behalf of the above client.

We are filing the referenced form and are enclosing a check in the amount of \$150. We kindly request that the penalty fee of \$400 be waived due to the circumstances previously described in this letter. Through no fault of our client, the renewal form was received late. We appreciate any assistance you may give in this matter.

Please contact me at 310-207-2220 if you have any questions relating to this filing.

Sincerely,



David R. Neste, CPA

DRN/pc