

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000005568

FILED

1. Entity Name

K & K ADVANTAGE TRUST, INC.

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1122 Mar Del Plata St. S

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32256

Country

USA

4. FEI Number

65-0464508

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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	<input type="checkbox"/> Delete
	DP HURTADO, IRMA	1122 MAR DEL PLATA ST SOUTH	JACKSONVILLE FL 32256	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

800003419918-4  
-10/10/00--01009-008  
\*\*\*\*150.00 \*\*\*\*150.00

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:

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

9/12/00  
Date

904-641-0744  
Daytime Phone #

CI20F034 (5/00)

**PRAGER  
AND  
FENTON**

CERTIFIED  
PUBLIC  
ACCOUNTANTS

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

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

September 12, 2000

Re: K & K Advantage Trust, Inc.  
P94000005568

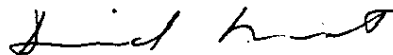
Dear Sir/Madam,

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