

**FILED**  
**May 19, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90352 040 \*\*\*150.00

DOCUMENT # P94000008710

1. Entity Name

DKS DISTRIBUTING, INC.

Principal Place of Business

929 NW 8TH AVE  
FT. LAUDERDALE FL 33311  
US

Mailing Address

2736 NE 14TH ST  
APT #2  
FT. LAUDERDALE FL 33304  
US

2. Principal Place of Business

712 N.W. 7th

3. Mailing Address

2756 NE 14 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT # 5

City &amp; State

FT LAUD FL

City &amp; State

FT LAUD FL

4. FEI Number

65-0466230

Applied For

Not Applicable

Zip

33311

Country

Broward

Zip

33304

Country

Broward

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

DANIEL, STELLA K.

929 N.W. 8TH AVE.

FT. LAUDERDALE FL 33311

Name

DANIEL, STELLA K.

Street Address (P.O. Box Number is Not Acceptable)

2756 N.E. 14 ST APT # 5

City

FT. LAUD

FL

Zip Code

33304

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 \$150.00**  
**After MAY 1, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DPST  
STELLA, DANIEL K  
929 NW 8TH AVE.  
FT. LAUDERDALE, FL

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DPST  
STELLA, DANIEL K  
2756 NE 14 ST APT # 5  
FT LAUD FL, 33304

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2034 (10/00)