

2002 UNIFORM BUSINESS REPORT (UBR)

2456059

DOCUMENT # P94000008710

1. Entity Name
DKS DISTRIBUTING, INC.

FILED

02 JUL -9 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
712 NW 7TH TERR
FT. LAUDERDALE FL 33311
US

Mailing Address
2736 NE 14TH ST
APT #5
FT. LAUDERDALE FL 33304 F. Wrong Zip
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
712 N.W. 7TH TERR.

3. Mailing Address
2736 N.E. 14TH STREET.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT # 5

City & State

City & State

FT. LAUDERDALE, FL.

FT. LAUDERDALE, FL.

Zip

Country

Zip

Country

33311

US

33304

US

4. FEI Number 65-0466230

Applied For

☒ Not Applicable

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.

2756 NE 14ST

APT 5

FT. LAUDERDALE FL 33311

Name

DANIEL K. STELLA

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

2756 N.E. 14TH STREET.

APT. #5

City

FT. LAUDERDALE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DANIEL K STELLA

7/10/02

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, 2002 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	DPST STELLA, DANIEL K	<input type="checkbox"/> Delete
STREET ADDRESS	8756 NE 14 ST., APT. 5	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	STELLA, DANIEL K	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2756 NE 14 TH ST. APT. 5	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	500006413375	
CITY-ST-ZIP	-07/15/02--01083--019	
	****150.00 ****150.00	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (4/02)

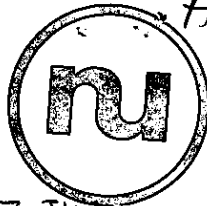
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/02

(954) 566-3996
(954) 682-2947



Attachment ME 7

memo DANIEL K STELLA
2756 N.E. 14TH ST.
APT #5
FT LAUD. FL
33304

IN THE POST
ALWAYS PAY
ON TIME
BUSINESS OF MIAMI, INC.
2050 NORTHWEST 94TH AVENUE
5172



(954) 682-2947
(954) 566-3996

#19400008710

* I MAILED A CHANGE OF ADDRESS WHEN I
MOVED TO YOU GUYS AND POST OFFICE, AND ALSO
ON THE COMPUTER WEBSITE YOURS.

* I NEVER RECEIVED CORP FORM IN THE MAIL
I HAVE GOOD CREDIT I PAY MY BILLS ON TIME & LIVE SIMPLE

I'm ENCLOSING 150.00 CHECK

FOR FEE. IF YOU REVIEW THIS

FORM AND DECIDE I HAVE TO

PAY \$550.00 PLEASE MAIL BACK

my 150.00 CHECK IN STAMPED

ENVELOPE. AND I WILL CANCEL MY

CORP. I DON'T SEE MYSELF STAYING

IN BUSINESS TILL THE END OF THE

YEAR. SEE I'm A MILKMAN AND

MCARTHUR DAIRY WAS BOUGHT OUT

By A BIG CORP. AND THEY KEEP

RAISING OUR PRICES. SO THE OTHER

MILK COMPANY'S ONLY 2 OTHER 1 IS

OWNED BY SAME COMPANY THAT OWNS

OURS TAKES OUR MILK STORS. AND

OUR MILK COMPANY WONT GIVE US

A CONTRACT SO BUSINESS IS BAD MOST

ALL DIST'S ARE ON SOP. I KNOW IT'S

NOT YOUR PROBLEM, PLUS I'M THANKFULL

OF BEING ABLE TO WORK PHARMACY

14 MILK COLLECTOR DAN THE MILK MAN
THAT'S ME.
HAVE A NICE DAY

MAKE LOTS OF MISTAKES 10-30 A DAY I'M HUMAN