

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000032122

1. Entity Name

K & K MACHINERY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
00 SEP 25 PM 12:24

Principal Place of Business

24405 SW 212TH AVE
HOMESTEAD FL 33031

Mailing Address

P.O. BOX 902213
HOMESTEAD FL 33030
US

2. Principal Place of Business

1490 NW 8 ST.

3. Mailing Address

~~P.O. BOX~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE



City & State

HuSTR. FL.

City & State

4. FEI Number

65-0483596

Applied For

Not Applicable

Zip

33030

Country

Dade

Zip

Country

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

LOSNER, STEVEN D
65 NW 16TH ST
HOMESTEAD FL 33030

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME KELLY, WILLIAM E
STREET ADDRESS 895 NW 14TH AVE
CITY-ST-ZIP HOMESTEAD FL 33030 ☐ Delete

TITLE
NAME Kelly, William E
STREET ADDRESS 27521 SW 165 AVE
CITY-ST-ZIP HuSTR, FL. 33031 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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:

WILLIAM E KELLY 9/21/00 305-245-3045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)