2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State
02-20-2002 90080 005 ***150.00

DOCUMENT # P94000045171

1. Entity Name
D.K. FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
~~625 E. 49TH STREET~~	~~625 E. 49TH STREET~~
~~SUITE #200~~	~~SUITE #200~~
~~HIALEAH FL 33013~~	~~HIALEAH FL 33013~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
15271 N.W. 60 AVENUE	15271 N.W. 60 AVENUE
Suite, Apt. #, etc.: SUITE #207	Suite, Apt. #, etc.: SUITE #207
City & State: MIAMI LAKES, FLORIDA	City & State: MIAMI LAKES, FLORIDA
Zip: 33014 Country: MIAMI DADE	Zip: 33014 Country: MIAMI DADE

4. FEI Number 65-0515657 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ARIAS, JOSE
625 E. 49TH STREET
SUITE #200
HIALEAH FL 33013

7. Name and Address of New Registered Agent

Name: ARIAS, JOSE
Street Address (P.O. Box Number is Not Acceptable): 15271 N.W. 60 AVENUE SUITE #207
City: MIAMI LAKES **FL** Zip Code: 33014

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ARIAS, JOSE 8231 N.W. 170 TERRACE HIALEAH FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ARIAS, JOSE 361 N.E. 16 AVENUE NAPLES, FLORIDA 34120	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD SANCHEZ, RIGOBERTO 150 W. 58 STREET HIALEAH FL 33012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / 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: SIGNATURE REQUIRED President 2/5/02 305-687-7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)