2001 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2001 8:00 am DOCUMENT # P9500006766 **Secretary of State** 1. Entity Name JK TECHNOLOGIES, INC. 02-05-2001 90121 007 ***150.00 Principal Place of Business Mailing Address 251 N.E. DIXIE BLVD 251 N.E. DIXIE BLVD PARTIARY DELIDA PROFESSIONAL DISTRICT **DELIDA PROFESSIONAL DISTRICT** DELRAY BEACH FL 33444 **DELRAY BEACH FL 33444** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0583042 Not Applicable Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EMMRICH, KEVIN Street Address (P.O. Box Number is Not Acceptable) 3114 BUENA VISTA DRIVE MARGATE FL 33063 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 Vesion T SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Detete TITLE EMMRICH, KEVIN NAME NAME 139 GEOGETOWN Green 3114 BUENA VISTA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARGATE FL 33063 CITY-ST-ZIP harlotteville UA 22901 TITLE ☐ Delete TITLE EMMRICH, JANET C EMMIKH, JANCT C. NAME NAME 139 GEORGETOWN Green 3114 BUENA VISTA DRIVE STREET ADDRESS STREET ADDRESS MARGATE FL 33063 CITY-ST-7IP CITY-ST-ZIP Charlotteville U4 22901 ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keuw V. EMMAICH PROJECT

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 his 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.

1/31/01 Dat/31/01

(56) 274 4339