**FILED** 

4/16/01 (407)354- 2200

## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 02, 2001 8:00 am DOCUMENT # P95000017794 Secretary of State 1. Entity Name KHK&K, INC. 05-02-2001 90106 014 \*\*\*150.00 Principal Place of Business Mailing Address 5401 S. KIRKMAN ROAD 5401 S. KIRKMAN ROAD **SUITE 725 SUITE 725** ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address 5728 MAJOR Blud MAJOR Blud *5*728 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3318270 Orlando Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired йS 32819 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KHATIB, RASHID A Street Address (P.O. Box Number is Not Acceptable) 5401 KIRKMAN ROAD SUITE 725 ORLANDO FL 32819 5728 MAJOR BLVD., STE. 601 CityORLANDO FL 32819 Zip Code FL 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) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) ☐ Addition ☐ Delete TITLE TITLE KHATIB, RASHID A NAME NAME 5728 MAJOR BLVD., STE. 601 5401 S. KIRKMAN RD. SUITE 725 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ORLANDO FL 32819** CITY-ST-ZIP ORLANDO FL 32819 ☐ Change □ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

President

SIGNATURE: \_