## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

## FILED May 27, 2002 8:00 am Secretary of State

DOCUMENT # P9600000 2877  1. Entity Name C. K. SALES, INC.						05-27-2002 90325 043 ***150.00			
ľ	DO NOT WRITE	IN THIS SP	ACE	<b>=</b>					
	ace of Business 5.w. 16 > XT.	3. Mailing Address 5960 . 5.6	w. 11						
Suite, Apt.		Suite, Apt. #, etc.	,,			DO NOT WRITE IN	THIS SPA	ACE	
City & State	TATEON, FLA.	City & State PLANTATION,	FLI	<i>9</i> .	<b>4.</b> F	El Number 650717296		Applied Fo	
Zip	Country.	33317	Country		- <b>5.</b> (	Certificate of Status Desired		3.75 Additional=	
	1 1 0 0 0 1		<u>`</u>		7. Na	me and Address of Current Reg		<u> </u>	=
DO NOT WRITE				Name  Charles Kusmic4  Street Address (P.O. Box Number is Not Acceptable)					
IN THIS SPACE				PLANTATION,					
,				City		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	FL	Zip Code	
8. The above	named entity submits this statement for	the purpose of changing its re	egistered	office or register	ed ag	ent, or both, in the State of Florida	,	<u> </u>	
SIGNATURE,	Charly Yusmil	d tille if applicable. (NOTE:	Registered A	gent signature required	) when re	instating)	4/29/ DATE	/o j	
O This corpo	votion is aliable to setisfy its Intensible	January 1 - Ma	y 1 Fee	is \$150.00					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  After May 1  Amended Make Check Payabl			UBR is	is \$61.25 Trust Fund Contribution. Added to Fees					
11.	OFFICERS AND D	IRECTORS							$\Box_{z}$
TITLE	PRESIDENT, TREASUR	1 <b>ተ</b> ሊ	TITLE NAME	·					112/01
NAME STREET ADDRESS	Charles Kusmich			ADDRESS .					
CITY-ST-ZIP	5960 S.W. 16 Rt. PLANTATION, FL	. 33317	CITY-ST	-ZIP					CR2E034B
TITLE	Illia - Paesiaeat		TITLE			11 45 - 14 4 4 1 W 1 1 2 1 1			
NAME -	-Charsto's Kusmich 5960 S.W. 16 Ad.		NAME	** v			144		·   5
STREET ADDRESS CITY+ST+ZIP			STREET A	ADORESS					
	PLANTATION, P.C.	33317	-	-217					-
TITLE NAME			TITLE NAME						
STREET ADDRESS			STREET	address		DO NOT W	DIT	_	
CITY-ST-ZIP			CITY-ST	- ZIP		DO NOT W	KII	<u> </u>	
TITLE			TITLE			IN THIS SE	PAC	F	
NAME			NAME	ADDRESS			,		
STREET ADDRESS CITY+ST+ZIP			CITY-ST						
TITLE			TITLE						$\neg$
NAME			NAME						
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP	•	· ·	CITY-ST	- ZP					
TITLE		•	TITLE						
NAME Street address			NAME STREET	ADDRESS					
CITY-ST-ZIP			CITY-ST	1					
13. I hereby o	ertify that the information supplied with t	his filing does not qualify for t	the exemp	otion stated in Se	ection 1	19.07(3)(i), Florida Statutes. I furt	her certify	that the information	on
of the cor	on this report or supplemental report is t poration or the receiver or trustee emporary with an address, with all other like emporary	wered to execute this report	as requir	ed by Chapter 6	5ame 1 07, Flo	egal effect as il made under oath; rida Statutes; and that my name a	macram appears in	an onicer or airect Block 11 or on ar	n