

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000008791

1. Entity Name

RPK ENTERPRISES, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90164 014 ***150.00

Principal Place of Business

2416 SE 10TH COURT
 POMPANO BEACH FL 33062

Mailing Address

6278 N FEDERAL HWY
 STE 159
 FT. LAUDERDALE FL 33308-1916
 US

2. Principal Place of Business

1000 E. ATLANTIC Blvd.

Suite, Apt. #, etc.

Suite 202

City & State

POMPANO BEACH, FL

Zip

33060

Country

USA

3. Mailing Address

1000 E. ATLANTIC Blvd.

Suite, Apt. #, etc.

Suite 202

City & State

POMPANO BEACH, FL

Zip

33060

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0657600

Applied For

Not Applicable

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

KWARCIAK, REBECCA P
 2416 SE 10TH COURT
 POMPANO BEACH FL 33062

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 \$150.00
After MAY 1, 2000 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	S	<input type="checkbox"/> Delete
NAME	KWARCIAK, STEPHEN C	
STREET ADDRESS	2416 SE 10TH COURT	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	P	<input type="checkbox"/> Delete
NAME	KWARCIAK, REBECCA	
STREET ADDRESS	2416 SE 10TH COURT	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE:

Rebecca P. Kwarcia
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rebecca P. KWARCIAK 4/24/00 954-781-4247

CR2E034 (9/99)