2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P96000008791 DOCUMENT

1. Entity Name

RPK ENTERPRISES, INC.



Principal Place of Business Mailing Address 1000 É ATLANTIC BLVD 1000 E ATLANTIC BLVD STE 202 STE 202 POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0657600 Not Applicable Zip Country Zip Country \$8.75 Additional 5. - Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KWARCIAK, REBECCA P Street Address (P.O. Box Number is Not Acceptable) 2416 SE 10TH COURT POMPANO BEACH FL 33062 City 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Addition KWARCIAK, STEPHEN C NAME 2416 SE 10TH COURT STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition KWARCIAK, REBECCA NAME 2416 SE 10TH COURT STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-ZIP. ☐ Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP □ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS

FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90329 004 ***150.00

TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered