## FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 03, 2000 8:00 am Secretary of State DOCUMENT # P96000026025 N.K. INTERNATIONAL INC. 05-03-2000 90099 038 \*\*\*158.75 Principal Place of Business Mailing Address 9554 SW 40TH ST 9554 SW 40TH ST MIAMI FL 33165-4036 **MIAMI FL 33165** 2. Principal Place of Business 3. Mailing Address 9554 SW 40 ST (REAR) 9554 SW 40 ST (REAR) DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 9554 SW 40 ST (REAR Applied For 4. FEI Number City & State City & State 65-0660013 Not Applicable MIAMI FLORIDA MIAMI FLORIDA \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 33165 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CUE, JOSE I CUE, JOSE 1. Street Address (P.O. Box Number is Not Acceptable) 9554 SW 40TH ST **MIAMI FL 33165** 9554 SW 40 ST (REAR) Zip Code MIAMI 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 4-24-2000 JOSE I. CUE, President 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 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Defete TITLE Addition TITLE President CUE, JOSE NAME NAME 9554 SW 40 STM(REAR) STREET ADDRESS STREET ADDRESS 9554 SW 40TH ST MIAMI FLORIDA 33165 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33165** Change ☐ Addition TITLE Delete SECRETARY JOSE I CUE NAME CLUE, JOSE I NAME 9554 SW 40 ST (REAR) STREET ADDRESS STREET ADDRESS 9554 SW 40TH ST MIAMI 33165 FLORIDA CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33165** Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY~ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY~ST-ZIE ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE 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

SIGNATURE: JOSE TERME JUPIES I GENT 4-24-2000 NATURE AND TYPED OR PRINTED NAME OF SIGNIN OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered