

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2002 8:00 am
Secretary of State

08-28-2002 90037 023 ***550.00

DOCUMENT # P96000029641

1. Entity Name

MACKNIGHT HOLDINGS, INC.

NAME CHANGE "K.T. HOLDINGS USA" INC

Principal Place of Business

**10305 NW SABLE PALM AVENUE
 MIAMI FL 33156**

Mailing Address

**15 BRITAIN DRIVE
 NEW BRITAIN PA 18901**

2. Principal Place of Business

AS ABOVE

3. Mailing Address

SAME AS PRINCIPAL PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0667407**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RUBIN, JONATHAN R.
 9200 S. DADELAND BLVD.
 SUITE 603
 MIAMI FL 33156**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

August 15 2002

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **P/D** ☒ Delete
 NAME **MACKNIGHT, IAN**
 STREET ADDRESS **550 N.E. 185TH STREET**
 CITY-ST-ZIP **MIAMI FL 33179**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VSTD** ☐ Delete
 NAME **BROWN, JONATHAN S.R.**
 STREET ADDRESS **550 N.E. 185TH STREET**
 CITY-ST-ZIP **MIAMI FL 33179**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **THOREEN, HAROLD**
 STREET ADDRESS **550 N.E. 185TH STREET**
 CITY-ST-ZIP **MIAMI FL 33179**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 15 2002 3056683828

Date

Daytime Phone #

CR2E034 (4/02)