

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000035389

1. Entity Name

DKH HOLDINGS, INC.

FILED

Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90021 034 ***150.00

Principal Place of Business

Mailing Address

2971 NORTHEAST 15TH TERRACE
FT. LAUDERDALE FL 33334

2971 NORTHEAST 15TH TERRACE
FT. LAUDERDALE FL 34957-6229

2. Principal Place of Business

1010 NE DIXIE HWY

3. Mailing Address

Suite, Apt. #, etc.

JENSEN BEACH

City & State

FL

Zip

Country

34957

USA

Zip

Country

4. FEI Number

65-0663153

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

KWANT, HENRY

~~2971 NE 15 TERR~~

~~FT. LAUDERDALE FL 33334~~

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

1010 NE DIXIE HWY

JENSEN BEACH

City

"

"

FL

Zip Code

34957

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)

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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.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME KWANT, HENRY
STREET ADDRESS 2971 NORTHEAST 15TH TERRACE
CITY-ST-ZIP FT. LAUDERDALE FL 33334

☐ Delete

TITLE STD
NAME KWANT, DIANE
STREET ADDRESS 2971 NE 15 TERR
CITY-ST-ZIP FT. LAUDERDALE FL 33334

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CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

HENRY KWANT, JR.

(561) 334-3740

CR2E034 (9/99)