

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103533

1. Entity Name
PETER KURKI, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90082 027 ***150.00

| | |
|---|--|
| Principal Place of Business 2361 NORTHWEST 69 COURT FT. LAUDERDALE FL 33309 | Mailing Address 2361 NORTHWEST 69 COURT FT. LAUDERDALE FL 33334-5827 |
|---|--|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | | |
|---|---|--|
| 4. FEI Number 65-0717450 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |

6. Name and Address of Current Registered Agent

**KURKI, PETER
2361 NORTHWEST 69 COURT
FT. LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

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 _____ (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

| | | | | |
|--|-------------------|-----------------------------|--|---|
| <input checked="" type="checkbox"/> Delete | TITLE D | NAME KURKI, PETER | STREET ADDRESS 2361 NORTHWEST 69 COURT | CITY-ST-ZIP FT. LAUDERDALE FL 33309 |
| <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
| <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
| <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
| <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | | |
|--|-----------------------------------|-------------------|-----------------------------|--|---|
| <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition | TITLE D | NAME KURKI, PETER | STREET ADDRESS 5300 NORTHEAST 16 TERRACE | CITY-ST-ZIP FT. LAUDERDALE FL 33334 |
| <input type="checkbox"/> Change | <input type="checkbox"/> Addition | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
| <input type="checkbox"/> Change | <input type="checkbox"/> Addition | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
| <input type="checkbox"/> Change | <input type="checkbox"/> Addition | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
| <input type="checkbox"/> Change | <input type="checkbox"/> Addition | TITLE | 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 PETER KURKI DATE 4/24/00 DAYTIME/PHONE # 954-563-6055

CR2E034 (9/99)