

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90590 010 ***150.00

DOCUMENT # P97000067193

1. Entity Name

DTKD WEST, INC.

Principal Place of Business

12239 SW 53RD ST.
 COOPER CITY FL 33330

Mailing Address

12239 SW 53RD ST.
 COOPER CITY FL 33330

00016942

2. Principal Place of Business

3. Mailing Address

5128 S.W. 32 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOLLYWOOD FL

4. FEI Number **65-0770797**

Applied For
 Not Applicable

Zip Country

33312-7909 USA

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

SULTAN
~~WILSON~~, ELIZABETH M
 5128 SW 32 AVE
 FT LAUDERDALE FL 33312

Name **ELIZABETH M. SULTAN**
 Street Address (P.O. Box Number is Not Acceptable)
SAME ADDRESS

NEW MARRIED SURNAME IS SULTAN

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 *Elizabeth M. Sultan (nee Wilson)*
 Signature, typed or printed name of registered agent and title, 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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** **SULTAN**
 NAME ~~WILSON~~, ELIZABETH
 STREET ADDRESS 5128 SW 32 AVE
 CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE **PRESIDENT**
 NAME **ELIZABETH M. SULTAN** ☒ Change ☐ Addition
 STREET ADDRESS 5128 SW 32 AVE
 CITY-ST-ZIP **HOLLYWOOD, FL 33312-7909** **(MARRIED)**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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 STREET ADDRESS
 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: *Elizabeth Sultan*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/07/01 **(954)434-9757**
 Date Daytime Phone #

CR2E034 (10/00)