

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088899

1. Entity Name
BK SALES GROUP, INC.

Principal Place of Business
3300 NE 192ND ST., SUITE 1812
AVENTURA FL 33180

Mailing Address
3300 NE 192ND ST., SUITE 1812
AVENTURA FL 33180

2. Principal Place of Business
21321 NE 23rd Ave.
Suite, Apt. #, etc.

3. Mailing Address
21321 NE 23rd Ave.
Suite, Apt. #, etc.

City & State
N. Miami Beach, Florida
Zip 33180 Country USA

City & State
N. Miami Beach, Florida
Zip 33180 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0793018
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

REED, ALLEN P
1590 NE 162ND ST., SUITE 200
N. MIAMI BEACH FL 33162

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 3/20/01
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)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	KATZ, BRETT	
STREET ADDRESS	3300 NE 192ND ST., SUITE 1812	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KATZ, CAROLYN	
STREET ADDRESS	3300 NE 192ND ST., SUITE 1812	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	-21321 NE 23 rd Ave.	
CITY-ST-ZIP	N. Miami Beach, FL. 33180	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	21321 NE 23 rd Ave.	
CITY-ST-ZIP	N. Miami Beach, FL. 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01

(305) 705-0537

CR2E034 (10/00)