

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


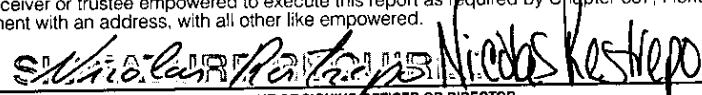
FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90033 025 ***150.00

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☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P97000089739			
1. Entity Name NK & KK CORPORATION			
Principal Place of Business 13800 SW 8TH ST #215 MIAMI FL 33184 US		Mailing Address P O BOX 653338 MIAMI FL 33265 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RESTREPO, NICHOLAS 4150 NW 7TH STREET SUITE 344 MIAMI FL 33126		Name: _____ Street: NICOLAS RESTREPO 5769 N.W. 7TH ST. #158 MIAMI, FL 33126 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT RESTREPO, NICHOLAS 4150 NW 7TH STREET SUITE 344 MIAMI FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NICOLAS RESTREPO 5769 N.W. 7TH ST. #158 MIAMI, FL 33126 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		1-1403 (305) 345-4885	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/02)