2002 Uniform Business Report (UBR)

Apr 01, 2002 8:00 am Secretary of State P98000007776 DOCUMENT # 1. Entity Name 04-01-2002 90666 006 ***150 00 SRKM, INC. Principal Place of Business Mailing Address 1720 HARRISON ST FRED CHIKOVSKY 7TH FLOOR 1720 HARRISON ST 7TH FL HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0811424 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHIKOVSKY, FRED Street Address (P.O. Box Number is Not Acceptable) 1720 HARRISON ST 7TH FLOOR HOLLYWOOD FL 33020 City Zio 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01)Addition ☐ Delete TITLE ☐ Change TITLE NAME CHIKOVSKY, FRED NAME STREET ADDRESS 1720 HARRISON STREET STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE PTUD ☐ Delete TITLE CHIKOVSKY, FRED NAME STREET ADDRESS 1720 HARRISON ST 7TH FL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Change ☐ Addition TITLE ☐ Delete TITLE DIAMOND, CAROLE NAME NAME STREET ADDRESS STREET ADDRESS 1720 HARRISON ST 7TH FL CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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