

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90077 035 ***150.00

DOCUMENT # P98000027527

1. Entity Name
CKA ENTERPRISES, INC.

Principal Place of Business 1547 PROSPERITY FARMS RD STE 101 WEST PALM BEACH FL 33403	Mailing Address 1547 PROSPERITY FARMS RD STE 101 WEST PALM BEACH FL 33403
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2. Principal Place of Business 547 Prosperity Farms Rd Suite, Apt. #, etc. Suite 105 City & State NORTH PALM BEACH, FL Zip 33403 Country U.S.A.	3. Mailing Address 1547 Prosperity Farms Rd. Suite, Apt. #, etc. Suite 105 City & State NORTH PALM BEACH, FL Zip 33403 Country U.S.A.
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0885206	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**ZATREPALEK, CHARLES
 1547 PROSPERITY FARMS RD
 STE 101
 WEST PALM BEACH FL 33403**

7. Name and Address of New Registered Agent
 Name **ZATREPALEK, CHARLES L.**
 Street Address (P.O. Box Number is Not Acceptable)
**1547 PROSPERITY FARMS ROAD
 Suite 105**
 City **NORTH PALM BEACH** FL Zip Code **33403**

RECEIVED
FEB 1 2002
 BY: _____

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 _____ DATE **02-05-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZATREPALAK, CHARLES		NAME ZATREPALEK, CHARLES L.	
STREET ADDRESS 1547 PROSPERITY FARMS RD- STE 101		STREET ADDRESS 1547 PROSPERITY FARMS Rd. Suite 105	
CITY-ST-ZIP WEST PALM BEACH FL 33403		CITY-ST-ZIP NORTH PALM BEACH, FL 33403	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

3. 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: _____ DATE **02-05-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)