

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039886

1. Entity Name

M.K. FOODS, INC.

Principal Place of Business

DAN'S SANDWICH SHOP  
28 S ORANGE AVE  
ORLANDO FL 32801

Mailing Address

8044 SAND POINTE BL  
ORLANDO FL 32819

↓ - NEW ADDRESS

2. Principal Place of Business

3. Mailing Address

3733 WINDING LK CR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Orl FL

Zip

Country

Zip  
32835

Country

ORANGE

4. FEI Number

59-3509765

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, WADE F JR  
118 E. JEFFERSON STREET  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KALAS, MICHAEL  
8044 SAND POINT BLVD.  
ORLANDO FL 32819

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
3733 WINDING LK. CR.  
Orl FL 32835 ☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800003422508--8  
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☐ Change ☐ Addition

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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

SEP 12 2000 407-4258881

Date

Daytime Phone #

CR2E034 (5/00)