

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90037 003 ***150.00

0071486

DOCUMENT # P98000065581

1. Entity Name

J & K INTERNATIONAL GROUP, INC.

Principal Place of Business

**7061 GRAND NATIONAL DRV.
105 B
ORLANDO FL 32819**

Mailing Address

**7512 DR. PHILLIPS BLVD
SUITE 50-119
ORLANDO FL 32819****918298**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7512 DR. PHILLIPS BLVD

Suite, Apt. #, etc.

50-119

Suite, Apt. #, etc.

City & State

ORLANDO FL.

City & State

Zip

32819

Country

U.S.A

Zip

Country

4. FEI Number

APPLIED FOR**59-3523861**

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

**MALEK, MIKE
7512 DR PHILLIPS BLVD
SUITE 50-119
ORLANDO FL 32819**

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MALEK, MIKE	
STREET ADDRESS	7512 DR PHILLIPS BLVD, SUITE 50-119	
CITY-ST-ZIP	ORLANDO FL 32819	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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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: **x**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)