AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

09-09-2002 90016 012 ****61.25
P98000066821

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 SEP 11 PM 11:01

DOCUMENT # P98000066821

1. Entity Name DKY, INC.

DO NOT WRITE IN THIS SPACE

B0136989

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2. Principal Place of Business	3. Mailing Address
7227 SW 157 AVENUE	SAME AS BUSINESS
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State
Zip: 33193 Country: USA	Zip Country

4. FEI Number: 65-0855564 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DIMITRIOS KOUTSODENDRIS

Street Address (P.O. Box Number is Not Acceptable): 7227 SW 157 AVENUE

City: MIAMI FL Zip Code: 33193

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

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P, VP, ST Dimitrios Koutsodendris 4146 SW 190 Avenue Miramar, FL 33029
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: DIMITRIOS KOUTSODENDRIS 09/05/02 954-441-6522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9/13/02 ad