

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066946

1. Entity Name

C.S.K. INVESTMENTS, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90020 035 ***150.00

Principal Place of Business

Mailing Address

409 S.E. 1ST AVE
U.S. HWY 1
FLORIDA CITY FL 33034

409 S.E. 1ST AVE
U.S. HWY 1
FLORIDA CITY FL 33034-5009

2. Principal Place of Business

3. Mailing Address

11428 SW 109 ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI, FL

4. FEI Number

65-0853781

Applied For

Not Applicable

Zip

Country

Zip

33176

Country

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

PATEL, PREMSARAN A
409 S.E. 1ST AVE
U.S. HWY 1
FLORIDA CITY FL 33034

Name LEONARD ALAN SHUBITZ CPA

Street Address (P.O. Box Number is Not Acceptable)

11428 SW 109 RD.

City MIAMI, FL

FL

Zip Code 33176

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, 2000 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 C ☐ Delete
NAME MIMASA LIMITED
STREET ADDRESS P.O. BOX 78237
CITY-ST-ZIP NAIROBI, KENYA, E. AFRICA

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

TITLE D ☐ Delete
NAME PATEL, SARANSOKH A
STREET ADDRESS 409 S.E. 1ST AVE, US HWY #1
CITY-ST-ZIP FLORIDA CITY FL 33034

TITLE ☒ Change ☐ Addition
NAME D PATEL, SARANSOKH, A
STREET ADDRESS 409 S.E. 1ST AVE, US HWY #1
CITY-ST-ZIP FLORIDA CITY, FL 33034

TITLE M ☒ Delete
NAME PATEL, PREMSARAN A
STREET ADDRESS 409 S.E. 1ST AVE, US HWY #1
CITY-ST-ZIP FLORIDA CITY FL 33034

TITLE ☐ Change ☒ Addition
NAME LEONARD ALAN SHUBITZ
STREET ADDRESS 11428 SW 109 RD
CITY-ST-ZIP MIAMI, FL 33176

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)