

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068450

1. Entity Name

RK INVESTMENT REALTY, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90481 018 ***150.00

Principal Place of Business

398 W. CAMINO GARDENS BLVD. #104
 BOCA RATON FL 33432

Mailing Address

398 W. CAMINO GARDENS BLVD. #104
 BOCA RATON FL 33432-5827

2. Principal Place of Business

974 Papaya Lane
 Suite, Apt. #, etc.

3. Mailing Address

same
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Winter Springs FL 32708

City & State

City & State

4. FEI Number

65-0855571

Applied For

Not Applicable

Zip

32708

Country

Seminole

Zip

Zip

Country

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

KIMMEL, CLIFF
 1181 HAVILAND CIR
 BOYNTON BCH FL 33437

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

Randy Kimmel

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	D	<input type="checkbox"/> Delete
NAME	KIMMEL, RANDYE	
STREET ADDRESS	398 W. CAMINO GARDENS BLVD. #104	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	Kimmel, Randy	<input type="checkbox"/> Delete
NAME	974 Papaya Lane	
STREET ADDRESS	Winter Springs FL 32708	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

Randy Kimmel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/00
 Date

Daytime Phone #