

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000081967

1. Entity Name

S K SALES, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90169 020 ***150.00

C0058081

Principal Place of Business

Mailing Address

1970-72 LAKE WORTH RD
LAKE WORTH, FL-33461

11211 S MILITARY TR
#3622
BAYVIEW BCH, FL-33436

2. Principal Place of Business

6793 CORAL REEF ST

Suite, Apt. #, etc.

LAKE WORTH

City & State

LAKE WORTH, FL-33467

Zip

33467

Country

FLORIDA

3. Mailing Address

6793, CORAL REEF ST

Suite, Apt. #, etc.

LAKE WORTH

City & State

LAKE WORTH, FL

Zip

33467

Country

FLORIDA

4. FEI Number

65-0870621

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HARNON, UMESH S

11211 S MILITARY TR

#3622

BAYVIEW BCH, FL-33436

7. Name and Address of New Registered Agent

Name

HARNAL UMESH S

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

6793, CORAL REEF ST

City

LAKE WORTH

FL

Zip Code

33467

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

UMESH S HARNAL

04/04/00

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HARNAL, PAMI	
STREET ADDRESS	11211 S MILITARY TR #3622	
CITY-ST-ZIP	BAYVIEW BCH, FL-33436	
TITLE	D	<input type="checkbox"/> Delete
NAME	UMESH, HARNON S	
STREET ADDRESS	11211 S MILITARY TR #3622	
CITY-ST-ZIP	BAYVIEW BCH, FL-33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UMESH S HARNAL	
STREET ADDRESS	6793 CORAL REEF ST	
CITY-ST-ZIP	LAKE WORTH, FL-33467	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAMI HARNAL	
STREET ADDRESS	6793 CORAL REEF ST	
CITY-ST-ZIP	LAKE WORTH, FL-33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UMESH S HARNAL

Date

04/04/00

Daytime Phone #

CR2E034 (9/99)