

2000 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
May 11, 2000 8:00 am
Secretary of State

03-21-2000 90031 015 ***150.00

DOCUMENT # P98000085832

1. Entity Name

CKW, INC.

Principal Place of Business

203 BERKSHIRE CIR
LONGWOOD FL 32779

Mailing Address

203 BERKSHIRE CIR
LONGWOOD FL 32779-5617

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3535758**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~WASSERMAN, YOSEF~~
~~203 BERKSHIRE CIR. W.~~
~~LONGWOOD FL 32779~~

7. Name and Address of New Registered Agent

Name **WASSERMAN YOSEF GALIT**

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

203 BERKSHIRE CIRCLE

City

LONGWOOD

FL

Zip Code

32779

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

Galit Wasserman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4.12.00

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 **PTD**
NAME **WASSERMAN, YOSEF**
STREET ADDRESS **203 BERKSHIRE CIR. W.**
CITY-ST-ZIP **LONGWOOD FL**

☒ Delete

TITLE **SVD**
NAME **WASSERMAN, GALIT**
STREET ADDRESS **118 WEST ORANGE STREET**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR**
NAME **WASSERMAN YOSEF**
STREET ADDRESS **203 BERKSHIRE CIRCLE W**
CITY-ST-ZIP **LONGWOOD FL 32779**

☒ Change ☐ Addition

TITLE **PTSU**
NAME **WASSERMAN GALIT**
STREET ADDRESS **203 BERKSHIRE CIRCLE**
CITY-ST-ZIP **LONGWOOD FL 32779**

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Galit Wasserman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00

Date

Daytime Phone #

CR2E034 (9/99)