

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90132 048 \*\*\*150.00

**DOCUMENT #** P98000096025

1. Entity Name  
**HELKA CORPORATION**

Principal Place of Business Mailing Address  
**ONE S. OCEAN BLVD STE 315**  
**BOCA RATON, FL 33432**

2. Principal Place of Business 3. Mailing Address  
**ONE S OCEAN BLVD STE 315**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**BOCA RATON, FL**

Zip Country Zip Country

4. FEI Number **65-1002454** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☒ **\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

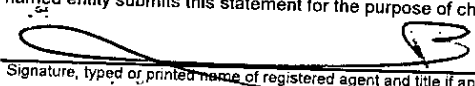
6. Name and Address of Current Registered Agent

**KATTOURA, BASSAM K**  
**ONE SOUTH OCEAN BLVD STE 315**  
**BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent

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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date **4-12-02**

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 ☐ **\$5.00**  
 Trust Fund Contribution. May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D**  
 NAME **KATTOURA, BASSAM K**  
 STREET ADDRESS **ONE S. OCEAN BLVD STE 315**  
 CITY - ST - ZIP **BOCA RATON, FL 33432**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

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TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY - ST - ZIP

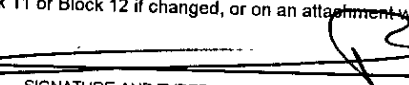
TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

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

CR2E034 (9/99)