2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000107770 **DOCUMENT #**

1. Entity Name

M & K INTERNATIONAL INVESTMENT CORPORATION



FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90095 004 ***150.00

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|---|---|---|------------------|---------------------------------------|--|-------------------------------------|---|---------------|-------------------------|-------------------------|
| Principal Place of Business 658 DOUGLAS AVE SUITE 1102 ALTAMONTE SPRINGS FL 32714 | | Mailing Address 658 DOUGLAS AVE SUITE 1102 ALTAMONTE SPRINGS FL 32714 | | | | | | | | |
| | | | | | | | | | | |
| | ace of Business OUGLAS AVL | 3. Mailing Address 624 Nouglas AV2 | | | | | | | (1 00111 180)1 100i | ! 18011 BBI! 1881 |
| Suite, Apt. | #, etC. | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | | |
| 1402 City & State 0 | | 14/3 2 City & State | | | | 4 ESI Number Applied For | | | | |
| ALTam | INTA SPRINGS FX. | ALTAMONTE SPRINGS &. | | | <u>(</u> | | 59-3550 | 713 | N | lot Applicable |
| Zip - 3ょクリム | Country | Zip 3 2 11 | 4 | Country Lmonle | | 5. Ce | rtificate of Status Desir | ed 🗌 | \$8.75 Ac Fee Requir | |
| | 6. Name and Address of Current I | Registered Age | nt - | | | <u>Z. N</u> aj | me and Address of N | ew Registere | d Agent | _ |
| KONFORT | F ARIF | | | | ARIE | | KONFORTE | | | |
| | GLAS AVE., SUITE 1102 | | Street Address | | | (P.O. Box Number is Not Acceptable) | | | | |
| ALTAMONTE SPRINGS FL 32714 6 2 4 00 | | | | | | 9/4 | cs AV. | Suits | # 140 | 22 |
| | | | | City | Jan. | 1 | SPAINGS | F | L Zio Co | de |
| | named entity submits this statement for | the purpose of | changing its reg | istered office or | registered | d agent | | | | |
| • | ons of registered agent. | _ | | / 2 | 4 | | | n/1 - | 1, 22 | |
| SIGNATURE . | Signature, typed or printed name of registered agents | nd title if applicable. | (NOTE: Reg | gistered Agent signatur | re required wh | hen reinst | ating) | 04 - a | 11-03 | |
| 🥞 After | LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of | State | | | | | 9. Election Campaig Trust Fund Contrib | - | \$5.0 Adde | 00 May Be ed to Fees |
| 10. | OFFICERS AND I | | | 11. | | ADDI | TIONS/CHANGES TO | OFFICERS AI | ND DIRECTOR | RS IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD Konforte, Arie 102 Elderberry Lane Longwood Fl 32779 | | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | ☐ Change | ☐ Addition } |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 7 | | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | • • | | *** 40 %_ *********************************** | . | · Change | Addition |
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

407-496-1954