

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-23-2003 90095 004 \*\*\*150.00

DOCUMENT # **P98000107770**



1. Entity Name  
**M & K INTERNATIONAL INVESTMENT CORPORATION**

Principal Place of Business  
**658 DOUGLAS AVE., SUITE 1102  
ALTAMONTE SPRINGS FL 32714**

Mailing Address  
**658 DOUGLAS AVE., SUITE 1102  
ALTAMONTE SPRINGS FL 32714**



2. Principal Place of Business  
**624 Douglas Ave**  
Suite, Apt. #, etc.  
**1402**

3. Mailing Address  
**624 Douglas Ave**  
Suite, Apt. #, etc.  
**1402**

City & State  
**ALTAMONTE SPRINGS FL.**  
Zip  
**32714**  
Country  
**SEMOUK**

City & State  
**ALTAMONTE SPRINGS FL.**  
Zip  
**32714**  
Country  
**SEMOUK**

4. FEI Number **59-3550713**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**KONFORTE, ARIE**  
**658 DOUGLAS AVE., SUITE 1102**  
**ALTAMONTE SPRINGS FL 32714**

**7. Name and Address of New Registered Agent**

Name  
**ARIE KONFORTE**  
Street Address (P.O. Box Number is Not Acceptable)  
**624 Douglas Ave Suite # 1402**  
City **ALTAMONTE SPRINGS** FL Zip Code **32714**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ARIE KONFORTE**

**President**

**04-21-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD KONFORTE, ARIE 102 ELDERBERRY LANE LONGWOOD FL 32779</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED**  
**ARIE KONFORTE President** **04-21-03** **407-496-1954**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)