

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90059 033 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000024203

1. Entity Name
KANNIKA, INC.

Principal Place of Business
5458 W. SAMPLE ROAD
MARGATE FL 33073

Mailing Address
4216 TRANQUILITY DRIVE
HIGHLAND BEACH FL 33487



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0910348

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUSSKIND, HORST
4216 TRANQUILITY DRIVE
HIGHLAND BEACH FL 33487

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 is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SUSSKIND, DUENPEN
STREET ADDRESS 4216 TRANQUILITY DRIVE
CITY-ST-ZIP HIGHLAND BEACH FL 33487

☐ Delete

TITLE SD
NAME SUDNAEN, KANNIKA
STREET ADDRESS 4921 EGRET PL
CITY-ST-ZIP COCONUT CREEK FL 33073

☐ Delete

TITLE VD
NAME SUDNAEN, CHEEP
STREET ADDRESS 4921 EGRET PL
CITY-ST-ZIP COCONUT CREEK FL 33073

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE MANAGING DIRECTOR
NAME SUDNAEN ART M
STREET ADDRESS 4921 EGRET PLACE
CITY-ST-ZIP COCONUT CREEK FL 33073

☐ Change ☒ Addition

TITLE DIRECTOR
NAME SUDNAEN SIREE
STREET ADDRESS 4921 EGRET PLACE
CITY-ST-ZIP COCONUT CREEK FL 33073

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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 names are empowered.

SIGNATURE:

DUENPEN SUSSKIND Pres. D.

1/7/02

561.276.8289

FAX 561.265.2520

CP2EC04 (9/01)