

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033510

1. Entity Name

E.B.K.I.K. S.A. CO

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

05-11-2000 90322 030 ***150.00

Principal Place of Business

6262 FABIAN ROAD
NORTH PORT FL 34287

Mailing Address

P.O. BOX 7661
NORTH PORT FL 34287-0661

2. Principal Place of Business

Suite, Apt. # **E.B.K.I.K. SA CO.**
P.O. Box 7661
City **NORTHPORT, FL 34287**

3. Mailing Address

E.B.K.I.K. SA CO.
Suite, Apt. # **P.O. Box 7661**
NORTHPORT, FL 34287



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0907774

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

Zip **34287**

Country **SARASOTA**

Zip **34287**

Country **SARASOTA**

6. Name and Address of Current Registered Agent

GOLUCH, WLODZIMIERZ
6262 FABIAN ROAD
NORTH PORT FL 34287

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida.

SIGNATURE

Goluch

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

3/30/2000

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 **CEO** ☐ Delete
NAME **GOLUCH WLODZIMIERZ**
STREET ADDRESS **6262 FABIAN RD**
CITY-ST-ZIP **NORTHPORT FL 34287**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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.