

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039195

1. Entity Name
SK & SONS, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90075 025 ***150.00

Principal Place of Business

701 BRICKELL AVE., STE. 3000
MIAMI FL 33131

Mailing Address

701 BRICKELL AVE., STE. 3000
MIAMI FL 33131-2847

2. Principal Place of Business

11701 NW 102 RD.

Suite, Apt. #, etc.

SUITE 14

City & State
MIAMI, FL

Zip
33178

Country
USA

3. Mailing Address

11701 NW 102 RD.

Suite, Apt. #, etc.

SUITE 14

City & State
MIAMI, FL

Zip
33178

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0914909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE., STE. 3000
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
SAMI EL KHOURI

Street Address (P.O. Box Number is Not Acceptable)
1564 ZENITH WAY

City
WESTON

FL

Zip Code
33327

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

SAMI EL KHOURI

4/22/00

Signature, typed or printed name of registered agent and title if 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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
SAMI EL KHOURI
1564 ZENITH WAY
WESTON, FL 33327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMI EL KHOURI

Date

4/22/00 (95A) 389 7955

Daytime Phone #

CR2E034 (9/99)