

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90033 039 ***150.00

DOCUMENT # P99000039195

1. Entity Name
SK & SONS, INC.

Principal Place of Business

11701 NW 102 RD
 SUITE 14
 MIAMI FL 33178
 US

Mailing Address

11701 NW 102 RD
 SUITE 14
 MIAMI FL 33178
 US

2. Principal Place of Business

11701 NW - 102 Rd

Suite, Apt. #, etc.

SUITE 14

City & State

MEDLEY, FL

Zip

33178

Country

U.S.

3. Mailing Address

11701 NW - 102 Rd

Suite, Apt. #, etc.

SUITE 14

City & State

MEDLEY, FL

Zip

33178

Country

U.S.



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

KHOURI, SAMI E
 1564 ZENITH WAY
 WESTON FL 33327

7. Name and Address of New Registered Agent

Name EL-KHOURI, SAMI J.

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

1732 HARBOR VIEW CIRCLE

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

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

SAMI J EL-KHOURI FM

(NOTE: Registered Agent signature required when reinstating)

Jan-22-2002

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

TITLE FM
 NAME EL-KHOURI, SAMI J
 STREET ADDRESS 1564 ZENITH WAY
 CITY-ST-ZIP WESTON FL 33327 ☐ Delete

TITLE P
 NAME EL-KHOURI, SAMI H
 STREET ADDRESS 1564 ZENITH WAY
 CITY-ST-ZIP WESTON FL 33327 ☐ Delete

TITLE GM
 NAME EL-KHOURI, ANDRE C
 STREET ADDRESS 1564 ZENITH WAY
 CITY-ST-ZIP WESTON FL 33327 ☐ Delete

TITLE ~~MARKETING MANAGER~~
 NAME ~~CLAUDIA EL-KHOURI~~ ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE FM
 NAME EL-KHOURI, SAMI J. ☒ Change ☐ Addition
 STREET ADDRESS 1732 HARBOR VIEW CIRCLE
 CITY-ST-ZIP WESTON, FL 33327

TITLE GM
 NAME EL-KHOURI, SAMI H. ☒ Change ☐ Addition
 STREET ADDRESS 1732 HARBOR VIEW CIRCLE
 CITY-ST-ZIP WESTON, FL 33327

TITLE A M
 NAME EL-KHOURI, ANDRE C. ☒ Change ☐ Addition
 STREET ADDRESS 1732 HARBOR VIEW CIRCLE
 CITY-ST-ZIP WESTON, FL 33327

TITLE M M
 NAME EL-KHOURI, CLAUDIA H. ☐ Change ☒ Addition
 STREET ADDRESS 1732 HARBOR VIEW CIRCLE
 CITY-ST-ZIP WESTON, FL 33327

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

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

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

Jan-22-2002

305.882.1444

Date

Daytime Phone #

CR2E034 (9/01)