

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90060 033 \*\*\*550.00

**DOCUMENT # P99000073545**

1. Entity Name  
 CK PW II, INC.

Principal Place of Business  
~~1840 N COMMERCE PARKWAY, SUITE 3~~  
~~WESTON FL 33326~~

Mailing Address  
~~1840 N COMMERCE PARKWAY, SUITE 3~~  
~~WESTON FL 33326~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Country

**CHANGE OF ADDRESS**

**150 E. Palmetto Park Road #401**  
**Boca Raton, FL 33432**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0957902**

Applied For  
 Not Applicable

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

SIMIGRAN, KENNETH H

~~C/O CAREY KRAMER COMPANY SOUTH FLORIDA~~  
~~1840 N COMMERCE PARKWAY SUITE 3~~  
~~WESTON FL 33326~~

Name

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

City

**CHANGE OF ADDRESS**

**150 E. Palmetto Park Road #401**  
**Boca Raton, FL 33432**

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 *[Signature]*  
 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	D SIMIGRAN, KENNETH H <del>1840 N COMMERCE PKWY STE 3</del> <del>WESTON FL 33326</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHANGE OF ADDRESS</b> <b>150 E. Palmetto Park Road #401</b> <b>Boca Raton, FL 33432</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REX, ALBERT G <del>1840 N COMMERCE PKWY STE 3</del> <del>WESTON FL 33326</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHANGE OF ADDRESS</b> <b>150 E. Palmetto Park Road #401</b> <b>Boca Raton, FL 33432</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, STEPHEN M <del>1840 N COMMERCE PKWY STE 3</del> <del>WESTON FL 33326</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHANGE OF ADDRESS</b> <b>150 E. Palmetto Park Road #401</b> <b>Boca Raton, FL 33432</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEHMAN, LANCE E <del>1840 N COMMERCE PKWY STE 3</del> <del>WESTON FL 33326</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHANGE OF ADDRESS</b> <b>150 E. Palmetto Park Road #401</b> <b>Boca Raton, FL 33432</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/02)

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR