

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084329

1. Entity Name

MBKK ENTERPRISES INC.

FILED

May 01, 2000 8:00 am  
Secretary of State

05-01-2000 90024 044 \*\*\*150.00

Principal Place of Business Mailing Address  
7280 WEST PALMETTO PARK ROAD SUITE 304 7280 WEST PALMETTO PARK ROAD SUITE 304  
BOCA RATON FL 33433 BOCA RATON FL 33433-3430



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
7280 W. Palmetto Park Rd. 7280 W. Palmetto Park Rd.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
Suite 304 #304  
City & State City & State  
BOCA RATON FL Boca Raton FL  
Zip Zip Country Country  
33433 USA 33433 USA

4. FEI Number 605-0951214 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  
GARELLEK, STEVEN  
7000 WEST PALMETTO PARK ROAD SUITE 200  
BOCA RATON FL 33433  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Tod Fox 7280 W. Palmetto Park Rd. #304 Boca Raton FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: x Tod Fox 4/26/00 x 561 620 8652  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #