2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #D 990000 84521 1. Entity Name

SIGNATURE:

DCK INVESTMENT GROUP INC.

FILED Jun 02, 2000 8:00 am Secretary of State 06-02-2000 90010 005 ***150.00

		1			00-02-2000 9001	.0 003 *** 130.00	
Principal Place of Business C/O Jack Kane & Company, P.C. 70 West 40th St. New York, NY 10018							
Principal Place of Business 3. Mailing Addi			Address				
Suite, Apt. #. etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State			Number	-opfied =or Not Applicable	
Zip	Country	Zip	Country	1	1 3 – 4 078622 ertificate of Status Desired ☐	\$8.75 Additional	
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current Re	ristored Agent		7. Na	ame and Address of New Register		
	b. Name and Address of Current Ne	gistered Agent	Name				
CHURCH, C. ROBERT 1968 WINDSOR DRIVE NORTH PALM BEACH FL 33408		Street Address City		ress (PO Bo	(PO Box Number is Not Acceptable)		
						Zip Cape	
SIGNATURE	named entity submits this statement for the		registered office or re	,		πΕ	
Tax filing requirement and elects to do so. After MAY			!!! FEE IS \$150.00 000 Fee will be \$55 ble to Department	0.00	 Election Campaign Financing Trust Fund Contribution. 	\$5.00 May Be Acced to Fees	
11.	OFFICERS AND DI	RECTORS	12.	ADI	DITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11	
TITLE	President	☐ Delete	TITLE			🔲 Change 🗀 Absidor	
NAME	Jack Kane		NAME	•	ī	,	
STREET ADDRESS	c/o Jack Kane & Co	ompany. P.C.	STREET ADDRESS		-		
CITY-ST-ZIP	70 W. 40 St. NY.		CITY-ST-ZIP				
TITLE			TITLE			🔲 Changer - 🔲 Addition	
NAME '	E.M. de Nicolais, Sr.		NAME		•		
STREET ADDRESS	c/o Jack Kane & C		STREET ADDRESS				
CITY-ST-ZIP	70 W. 40th St. NY		CITY-ST-ZIP	<u> </u>			
TITLE	Secretary/Treasur		TITLE		,	Change 🔲 Aboutlot	
NAME	Yaacov Kaploun	HAME					
STREET ADDRESS	c/o Jack Kane & C	ompany. P.C.	STREET ADDRESS				
CITY-ST-ZIP	70 W. 40th St. NY		Jiii 31 2		<u> </u>	Charce 🗀 Posmos	
TITLE		Delete	TITLE			Charge 🔲 Appmon	
NAME	,	•	NAME				
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STREET ADDRESS]		CITY-ST-ZIP		No. 170 170 170 170 170 170 170 170 170 170		
CITY-ST-ZIP			TITLE			☐ Change ☐ 4ppleich	
TITLE		☐ Delete	NAME			a control of the second of the control of the contr	
NAME STREET ADDRESS	1		STREET ADDRESS				
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP				
13. I hereby indicated	Certify that the information supplied with to an this report or supplemental report is a reportation of the receiver or trustee emport, or on an attachment with an address, w	rue and accurate and that vered to execute this repo	t my signature snatt na rt as required by Char				

JACK KADE A Jool