

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90445 028 ***150.00

DOCUMENT # P99000086619

1. Entity Name
RKK ASSET MANAGEMENT, INC.

Principal Place of Business C/O DEAL ENERGY PARTNERS, LTD. 501 BRICKELL KEY DR SUITE 102 MIAMI FL 33131	Mailing Address C/O DEAL ENERGY PARTNERS, LTD. 501 BRICKELL KEY DR SUITE 102 MIAMI FL 33131-2624
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2645 S. BAYSHORE DR.	3. Mailing Address P.O. Box 330056
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Suite, Apt. #, etc. Suite 1201	Suite, Apt. #, etc.
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City & State Miami, FL	City & State Miami, FL
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4. FEJ Number 65-0973510	Applied For <input type="checkbox"/> Not Applicable
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Zip 33133	Country	Zip 33233-0056	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEAL, RONALD J
C/O DEAL ENERGY PARTNERS, LTD.
501 BRICKELL KEY DR SUITE 102
MIAMI FL 33131

Name
RONALD J. DEAL C/O RKK ASSET MANAGEMENT
 Street Address (P.O. Box Number is Not Acceptable)
2645 S. BAYSHORE DR.
Suite 1201
 City
Miami FL Zip Code
33133

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 _____ (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DEAL, RONALD J 501 BRICKELL KEY DR SUITE 102 MIAMI FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DEAL, RONALD J. 2645 S. Bayshore Dr., Suite 1201 MIAMI, FL 33133
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
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
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

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 empowerments.

SIGNATURE: Ronald J. Deal **APRD** 4/24/00 (305) 285-6775
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)