

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90101 002 ***150.00

DOCUMENT # P990001094151. Entity Name
KC & CK, INC.Principal Place of Business
**19555 EAST COUNTRY CLUB DRIVE, NO. 602
AVENTURA FL 33180**Mailing Address
**19555 EAST COUNTRY CLUB DRIVE, NO. 602
AVENTURA FL 33180****RC055649**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2475 N.E. 190th St3. Mailing Address
2475 NE 190th StSuite, Apt. #, etc.
207Suite, Apt. #, etc.
207City & State
Aventura FLCity & State
Aventura FL4. FEI Number
65-0988541Applied For
Not ApplicableZip
33180

Country

Zip
33180

Country

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****KOZULIN, CARMELA
19555 EAST COUNTRY CLUB DRIVE, NO. 602
AVENTURA FL 33180**

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

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 \$150.00
After MAY 1, 2001 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
**PTD
CZERTOK, KHIRA
19701 EAST COUNTRY CLUB DRIVE, NO. 602
AVENTURA FL 33180** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
KOZULIN, CARMELA
19555 EAST COUNTRY CLUB DRIVE, NO. 602
AVENTURA FL 33180** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)