

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

0155-056

DOCUMENT # S30384

1. Entity Name

S & K PROPERTY MANAGEMENT, INC.

05-03-2001 90485 001 ***150.00

05-03-2001 90485 002 *****8.75

Principal Place of Business

**1717 N BAYSHORE DR
 STE 114
 MIAMI FL 33132**

Mailing Address

**1717 N BAYSHORE DR
 STE 114
 MIAMI FL 33132**

2. Principal Place of Business

1717 N. Bayshore Dr.

Suite, Apt. #, etc.

Suite 208

City & State

Miami, FL

Zip

33132

Country

USA

3. Mailing Address

1717 N. Bayshore Dr.

Suite, Apt. #, etc.

Suite 208

City & State

Miami, FL

Zip

33132

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0270214

Applied For

Not Applicable

5. Certificate of Status Desired

☒ X

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CARTAYA, LIDIA
 7500 SW 87 CT
 MIAMI FL 33173**

7. Name and Address of New Registered Agent

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

TITLE **PD** ☐ Delete
 NAME **BUCKREUS, GERTI**
 STREET ADDRESS **1717 N. BAYSHORE DR. SUITE #114**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE **S** ☐ Delete
 NAME **CARTAYA, LIDIA**
 STREET ADDRESS **1717 N BAYSHORE DR STE 114**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE **V** ☐ Delete
 NAME **CARTAYA, LIDIA**
 STREET ADDRESS **1717 N BAYSHORE DR, SUITE 114**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE **AVP** ☐ Delete
 NAME **HERNANDEZ, FRANK**
 STREET ADDRESS **1717 N BAYSHORE DRIVE, STE. 114**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **GERTI BUCKREUS**
 STREET ADDRESS **1717 N BAYSHORE DR. SUITE 208**
 CITY-ST-ZIP **MIAMI - FL 33132**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1717 N BAYSHORE DR. STE 208**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1717 N BAYSHORE DR. SUITE 208**
 CITY-ST-ZIP **MIAMI - FL 33132**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1717 N BAYSHORE DRIVE, STE. 208**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE **P** ☐ Change ☒ Addition
 NAME **STEVEN J. FELDMAN**
 STREET ADDRESS **1717 N. BAYSHORE DR. SUITE 208**
 CITY-ST-ZIP **MIAMI, FL 33132**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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)