

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

0206989 AV

DOCUMENT # **S30384**

1. Entity Name

S & K PROPERTY MANAGEMENT, INC.

03-28-2002 90839 001 ***150.00
 03-28-2002 90839 002 *****8.75

Principal Place of Business

1717 N BAYSHORE DRIVE
SUITE 208
MIAMI FL 33132

Mailing Address

1717 N BAYSHORE DRIVE
SUITE 208
MIAMI FL 33132

2. Principal Place of Business

150 Alhambra Circle

3. Mailing Address

150 Alhambra Circle

Suite, Apt. #, etc.

Suite 800

Suite, Apt. #, etc.

Suite 800

City & State

Coral Gables FL

City & State

Coral Gables FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-0270214

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$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

3/6/02

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, 2002 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 **DP** ☐ Delete
 NAME **BUCKREUS, GERTI**
 STREET ADDRESS **1717 N BAYSHORE DRIVE SUITE 208**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE **VS** ☐ Delete
 NAME **CARTAYA, LIDIA**
 STREET ADDRESS **1717 N BAYSHORE DRIVE SUITE 208**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE **AV** ☐ Delete
 NAME **HERNANDEZ, FRANK**
 STREET ADDRESS **1717 N BAYSHORE DRIVE SUITE 208**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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.E.** ☒ Change ☐ Addition
 NAME **Buckreus, Gerti**
 STREET ADDRESS **150 Alhambra Circle, Ste 800**
 CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **VS** ☒ Change ☐ Addition
 NAME **Cartaya, Lidia**
 STREET ADDRESS **150 Alhambra Circle, Ste. 800**
 CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **AV** ☒ Change ☐ Addition
 NAME **Hernandez, Frank**
 STREET ADDRESS **150 Alhambra Circle, Ste. 800**
 CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **P** ☒ Change ☒ Addition
 NAME **Katz, Michael L.**
 STREET ADDRESS **150 Alhambra Circle, Ste. 800**
 CITY-ST-ZIP **Coral Gables, FL 33134**

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

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

Vice President**3/6/02****(305) 476-0955**

Date

Daytime Phone #

CR2E034 (9/01)