2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S59394

FILED
Apr 23, 2001 8:00 am
Secretary of State
04-23-2001 90095 034 ***150.00

A00544417

DO NOT WRITE IN THIS SPACE

1. Entity Name
M.K. HOLDINGS, INC.

Principal Place of Business	Mailing Address
C/O CORAL SPRINGS ESTATES 3760 NW 115 WAY #3 CORAL SPRINGS FL 33065 US	STAIRS MANAGMT INC. 10440 GOLDEN EAGLE CT PLANTATION FL 33324 US

2. Principal Place of Business		3. Mailing Address	
200 S. BIRCH RD.		200 S. BIRCH RD.	
Suite, Apt. #, etc.: #1011		Suite, Apt. #, etc.: #1011	
City & State: FORT LAUDERDALE		City & State: FORT LAUDERDALE	
Zip: 33316	Country: USA	Zip: 33316	Country: USA

4. FEI Number 65-0274331 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOMBACH, GEOFFREY S
500 E BROWARD BLVD
FT LAUDERDALE FL 33394

7. Name and Address of New Registered Agent

Name: MEHTA HOSHEDAR H.
Street Address (P.O. Box Number is Not Acceptable): 200 S. BIRCH RD #1011
City: FT. LAUDERDALE FL Zip Code: 33316.

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] DATE 4/12/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D WEBB, MICHAEL 1328 ORANGE FT. LAUDERDALE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEHTA, HOSHEDAR H 200 S BIRCH RD 1011 FT. LAUDERDALE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: X [signature] X 4/12/01 X (954)525-2777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #