

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S88654**

1. Entity Name

RLK INTERNATIONAL GROUP, INC.**FILED**
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90049 043 ***150.00

Principal Place of Business

25 DUNBAR RD
WEST PALM BEACH FL 33418

Mailing Address

25 DUNBAR RD
WEST PALM BEACH FL 33418

2. Principal Place of Business

4400 PGA BLVD

3. Mailing Address

4400 PGA BLVD

Suite, Apt. #, etc.

716

Suite, Apt. #, etc.

716

City & State

PALM BEACH GARDENS FL

City & State

PALM BEACH GARDENS FL

Zip

33410

Country

USA

Zip

33410

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0297286

Applied For

Not Applicable

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

KESONEN, DANIEL P.
25 DUNBAR RD
WEST PALM BEACH FL 33418

Name

DANIEL P KESONEN

Street Address (P.O. Box Number is Not Acceptable)

4400 PGA BLVD**Suite 716**

City

PALM BEACH GARDENS

FL

Zip Code

33410

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

Feb 2, 20019. 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 State10. 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	D	<input type="checkbox"/> Delete
NAME	KESONEN, DANIEL R.	
STREET ADDRESS	25 DUNBAR RD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT + CEO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESONEN DANIEL P	
STREET ADDRESS	716-4400 PGA BLVD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Feb 2, 2001
Date**561-626-9901**
Daytime Phone #

CR2E034 (10/00)