

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

03-26-2002 90035 041 ***150.00

DOCUMENT # V25553

1. Entity Name

BKK, INCORPORATED

Principal Place of Business

**29 MORBANK DR
 SCARBOROUGH, ONTARIO CA MIV -2MI**

Mailing Address

**29 MORBANK DR
 SCARBOROUGH, ONTARIO CA MIV -2MI**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3161257

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

**BOUTZOUKAS, MICHAEL E
 704 W. BAY ST.
 TAMPA FL 33606**

Name

A. ANASTASIADIS & ASSOCIATES

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

2256 CURLEW ROAD

City

PALM HARBOR

FL

Zip Code

34683

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

A. Anastasiadis
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/02

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 **P** ☐ Delete
 NAME **MELIS, NICK**
 STREET ADDRESS **29 MORBANK DR**
 CITY-ST-ZIP **SCARBOROUGH, ONTARIO CANADA MIV -2MI**

TITLE **S** ☐ Delete
 NAME **KOTSPOULOS, WILLIAM**
 STREET ADDRESS **29 MORBANK DR**
 CITY-ST-ZIP **SCARBOROUGH, ONTARIO CANADA MIV -2MI**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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: *William Kotsopoulos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM KOTSPOULOS

MAR. 11/02 416-609-8798

Date

Daytime Phone

CR2E034 (9/01)