## 2002 UNIFORM BUSINES REPORT (UBR)

## **DOCUMENT #** V56372

1. Entity Name

CREATIONS BY K & K, INC.



Principal Place of Business  2233 SE 13 STREET  POMPANO BCH FL 33062 US	Mailing Address 1500 S.W. 3RD AVE. POMPANO BEACH FL 33 US	9060	 				
2. Principal Place of Business	3. Mailing Address	3. Mailing Address		E 11111 (COLE 1161 61611 11111)			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State	City & State	City & State		4. FEI Number 65-0347674		Applied For	
Zip Country .	Zip	Country	5. Certificate of Status De	Spired S	<b>B.75</b> Adde Require	ot Applicable ditional	
6. Name and Address of Curre	nt Registered Agent	<u> </u>	7. Name and Address of			<del>"</del>	
KORENIC, EDWARD R., JR. 1500 S.W. 3RD AVE POMPANO BEACH FL 33060		Name Street Address	s (P.O. Box Number is Not Acc	•			
		City		FL	Zip Cod	le	
8. The above named entity submits this statement  SIGNATURE  Signature, typed or printed name of registered age  9. This corporation is eligible to satisfy its Intangib	nt and title if applicable. (NOT	E: Registered Agent signature requir		te of Florida.			
Tax filling requirement and elects to do so. (See criteria on back)	After May 1, 20	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Stat		aign Financing tribution.		<b>0</b> May Be I to Fees	
11. OFFICERS ANI	D DIRECTORS	12.	ADDITIONS/CHANGES T	O OFFICERS AND DI	RECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-SI-ZIP  D KORENIC, EDWARD R., JR. 1500 S.W. 3RD AVE POMPANO BEACH FL 33060	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			] Change	☐ Addition	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	Delete 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP  13. I hereby certify that the information supplied with indicated on this report is supplemental report is	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	

of the corporation or the receiver of this 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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE POL