

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91162 026 ***150.00

DOCUMENT # V64449

1. Entity Name

M.P.K. ENTERTAINMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O KAUFMAN, ROSSIN & CO PA

Suite, Apt. #, etc.

2699 S. BAYSHORE DR. #400

City & State

MIAMI, FL 33133

Zip

Country

3. Mailing Address

C/O KAUFMAN, ROSSIN & CO PA

Suite, Apt. #, etc.

2699 S. BAYSHORE DR. #400

City & State

MIAMI, FL 33133

Zip

Country

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4. FEI Number

65-0364783

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

KIMMEL, MARVIN P.

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

2485 N.W. 46TH STREET

City

BOCA RATON

FL

Zip Code

33431

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$61.25
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 PD
NAME KIMMEL, MARVIN P.
STREET ADDRESS 2485 N.W. 46 STREET
CITY - ST - ZIP BOCA RATON, FL 33431

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/02

Daytime Phone #