

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90014 013 \*\*\*\*61.25

DOCUMENT # N96000000173

1. Entity Name

K2 PROJECT, INC. R

Principal Place of Business

Mailing Address

327 LAKECREST CT  
 WESTON FL 33326  
 US

327 LAKECREST CT  
 WESTON FL 33326  
 US

AVU77100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4370 MAHOGANY RIDGE  
 Suite, Apt. #, etc.

4370 Mahogany Ridge Drive  
 Suite, Apt. #, etc.

City & State  
 WESTON FL

City & State  
 WESTON FL

4. FEI Number  
 65-0642995

Applied For  
 Not Applicable

Zip  
 33331

Country  
 USA

Zip  
 33331

Country  
 USA

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

REISER, RAYMOND A  
 1 S.E. 3RD AVE., SUITE 1240  
 MIAMI FL 33131

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	VALDEZ, DEE SCOTT	
STREET ADDRESS	2989 WENTWORTH	
CITY-ST-ZIP	FT LAUDERDALE FL 33332	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHAW, PETER	
STREET ADDRESS	327 LAKECREST CRT	
CITY-ST-ZIP	FT-LAUDERDALE FL-33326	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MAGNATTI, ROSIE	
STREET ADDRESS	1012 FAIRFAX LANE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAFFE, BYRON	
STREET ADDRESS	1500 SEABAY RD	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	KILLER, STEVE	
STREET ADDRESS	700 SPINNAKER	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBAINA, JUDY	
STREET ADDRESS	16526 RUBY LAKE	
CITY-ST-ZIP	WESTON FL 33331	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDEZ, DEE SCOTT	
STREET ADDRESS	4370 MAHOGANY RIDGE DR	
CITY-ST-ZIP	WESTON, FL 33331	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, PETER	
STREET ADDRESS	18155 BENT RIDGE DR	
CITY-ST-ZIP	WILLOWOOD, MO 63038	
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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all prior like empowered.

SIGNATURE:

*Signature* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/00

Date

Daytime Phone #

CR2E037 (5/00)