

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 25, 2001 8:00 am
Secretary of State

04-09-2001 90023 003 ***150.00

DOCUMENT # P0000061597

1. Entity Name
K.F.R. INVESTMENTS, INC.

Principal Place of Business 1200 WESTON ROAD SUITE 300 FT. LAUDERDALE FL 33326	Mailing Address 1200 WESTON ROAD SUITE 300 FT. LAUDERDALE FL 33326
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2665 Executive Park Dr	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WESTON FL	City & State	4. FEI Number 65-1023640	Applied For <input type="checkbox"/> Not Applicable
Zip 33831-3624	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent LEGAL INFORMATION SERVICES, INC. 2665 EXECUTIVE PARK DRIVE WESTON FL 33331-3624	7. Name and Address of New Registered Agent Name: Michael Freedland Street Address (P.O. Box Number is Not Acceptable): 1200 Weston Road, Ste 300 2665 Executive Park Drive Ste 3 City: WESTON FL Zip Code: 33336
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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: DATE: **1/24/2001**

Signature must be printed in same of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRATHEN, DAVID 2665 EXECUTIVE PARK DRIVE WESTON FL 33331-3624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEDLAND, MICHAEL 2665 EXECUTIVE PARK DRIVE WESTON FL 33331-3624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, SHARON 2665 EXECUTIVE PARK DRIVE WESTON FL 33331-3624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE: **1/24/2001** DAYTIME PHONE #: **954-467-6400**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)