2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State
04-15-2003 90110 015 ***150.00

DOCUMENT # P01000026818

1. Entity Name
KPAT COMPANY, INC.

Principal Place of Business	Mailing Address
14733 SW 143RD TERR. MIAMI, FL 33196	14733 SW 143RD TERR. MIAMI, FL 33196

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
9415 SW 151 AVE		PMB 471, 1021 HAMMOCKS BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
N/A		S-153	
City & State		City & State	
MIAMI FLORIDA		MIAMI FLORIDA	
Zip	Country	Zip	Country
33196	USA	33196	USA

4. FEI Number: 65-1092582 ☐ 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
SUSICH, TIMOTHY F 10689 SW 88TH ST., SUITE 312 MIAMI, FL 33176	Name: PATRICE THOMAS Street Address (P.O. Box Number Is Not Acceptable): 9415 SW 151 AVE City: MIAMI **FL** Zip Code: 33196

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Patrice Thomas PATRICE THOMAS 4/09/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	THOMAS, PATRICE		NAME	
STREET ADDRESS	14733 SW 143RD TERR.		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

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

SIGNATURE: Patrice Thomas PATRICE THOMAS 4/09/03 305 726 4394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #