

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90142 034 ***150.00

DOCUMENT # P36360

1. Entity Name
KUNDE ENTERPRISES, INC.

Principal Place of Business Mailing Address
10155 SONOMA HWY **P.O. BOX 639**
KENWOOD CA 95452 **KENWOOD CA 95452-0639**
US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
68-0190748 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
~~LAPHAM, KEN~~
~~2418 MARATHON LANE~~
~~FT. LAUDERDALE FL 33312~~

7. Name and Address of New Registered Agent
 Name **CHRISTOPHER R. MORRO**
 Street Address (P.O. Box Number is Not Acceptable)
141600 PALMETTO FRONTAGE ROAD
SUITE 300
 City **MIAMI LAKES** **FL** Zip Code **33016**



DO NOT WRITE IN THIS SPACE

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 CHRISTOPHER R. MORRO *Christopher R. Morro* 4/28/00
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. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, PETER S.	NAME	
STREET ADDRESS	623 SCOTLAND DR.	STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA CA	CITY-ST-ZIP	
TITLE	VSTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNDE, WILLIAM S.	NAME	
STREET ADDRESS	10155 SONOMA HWY	STREET ADDRESS	
CITY-ST-ZIP	KENWOOD CA	CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNDE, ARTHUR W.	NAME	
STREET ADDRESS	10745 SONOMA HIGHWAY	STREET ADDRESS	
CITY-ST-ZIP	KENWOOD CA	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNDE, KEITH L.	NAME	
STREET ADDRESS	10155 SONOMA HWY	STREET ADDRESS	
CITY-ST-ZIP	KENWOOD CA	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNDE, FREDERICK KURT	NAME	
STREET ADDRESS	310 CYPRESS AVE	STREET ADDRESS	
CITY-ST-ZIP	KENWOOD CA 95452	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNDE, JEFFREY	NAME	
STREET ADDRESS	10745 SONOMA HWY	STREET ADDRESS	
CITY-ST-ZIP	KENWOOD CA	CITY-ST-ZIP	

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: *Peter Schneider* **Peter Schneider** **1/21/00** **(707) 833-5501**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)