

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90195 047 ***150.00

0524630

DOCUMENT # P97000073172

1. Entity Name
KAG ENTERPRISE, INC.

Principal Place of Business 751 PINELLAS BAYWAY #103 TIERRA VERDE FL 33715	Mailing Address 751 PINELLAS BAYWAY #103 TIERRA VERDE FL 33715
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C0064304



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4801 37th ST N Suite, Apt. #, etc.	3. Mailing Address Box 10654 Suite, Apt. #, etc.
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City & State St Pete FL	City & State St Pete, FL	4. FEI Number 59-3469196	Applied For Not Applicable
Zip 33711	Country Pinellas	Zip 33733	Country Pinellas
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GOLDBERG, ALAN 751 PINELLAS BAYWAY #103 TIERRA VERDE FL 33715	7. Name and Address of New Registered Agent Name: ALAN Goldberg Street Address (P.O. Box Number is Not Acceptable): 4801 37th ST N City: ST Pete, FL Zip Code: 33711
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new address only

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: Alan Goldberg (NOTE: Registered Agent signature required when reinstating) DATE: 04-27-01

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

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. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOLDBERG, ALAN 751 PINELLAS BAYWAY #103 TIERRA VERDE FL 33715 <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	P GOLDBERG, KATHY 751 PINELLAS BAYWAY #103 TIERRA VERDE FL 33715 <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
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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 lines empowered.

SIGNATURE: Alan Goldberg VP DATE: 04-27-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)