FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Aug 26, 2002 8:00 am Secretary of State P99000086796 **DOCUMENT#** 1. Entity Name 08-26-2002 90054 037 ***150.00 KP&D CONSULTING INC. Principal Place of Business Mailing Address 1 1 1 1 1 1 2500 NE 17TH TERR 2500 NE 17TH TERR WILTON MANORS FL 33305 WILTON MANORS FL 33305 2. Principal Place of Business MATES INC Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-0948296 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEVINE, PAUL Street Address (P.O. Box Number is Not Acceptable) 2500 NE 17TH TERR WILTON MANORS FL 33305 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (4/02) TITLE ☐ Defete ☐ Change ☐ Addition LEVINE, PAUL NAME NAME 2500 NE 17TH TERR STREET ADDRESS STREET ADDRESS WILTON MANORS FL 33305 CLTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME LEVINE, KERRY M NAME STREET ADDRESS 2500 NE 17TH TERR STREET ADDRESS CITY-ST-ZIP WILTON MANORS FL 33305 CITY-ST-ZIP TITLE ☐ Delete TITLE ---- 🚈 🖅: Change – - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ 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.

CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

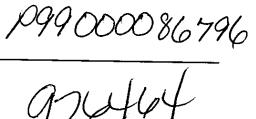
CITY-ST-ZIP

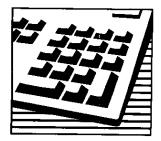
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-02

954-935-1101

Attanhment





QTA ASSOCIATES, INC.

QUICKBOOKS • TAX • ACCOUNTING

July 18, 2002

Division of Corporations Uniform Business-Report Filings PO Box 1500 Tallahassee, FL 32302-1500

RE:

Document #P99000086796

KP & D CONSULTING INC.

Dear Sir or Madam:

Enclosed please find a check in the amount of \$150.00 to cover the annual report filing fee for the year 2002. My client just received the second notice in the mail this week, as there have been enormous problems with the mail. This is the first time the client has received a package from your office. Therefore, I am requesting abatement of any late fees associated with this matter.

Thank you in advance for your cooperation in this matter.

Sincerely,

Angela D. DiCrescenzo, CPA

Enclosure