2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

FILED Jan 18, 2000 8:00 am Secretary of State **DOCUMENT # V13994** 1. Entity Name KAMCO ENTERPRISES, INC. 01-18-2000 90200 028 ***150.00 Principal Place of Business Mailing Address 1888 NW 21ST STREET 7000 ISLAND BLVD. POMPANO BEACH FL 33069 #11 900273 AVENTURA FL 33160-2405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0310131 Not Applicable Zip Country 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 KENNETH JACKSON JACKSON, KENNETH R. Street Address (P.O. Box Number is Not Acceptable) 7000 iSLAND BLVD 3031 N. 35TH STREET HOLLYWOOD FL 33021 AVENTURA 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 KENNET# R- JACKSON Signature, typed or printed name of registered agent and title if applicable. " FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Sa Tax filing requirement and elects to do so. \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 益益(Sêé criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Change Addition JACKSON, KENNETH R. NAME STREET ADDRESS 7000 ISLAND BLVD., APT # 111 STREET ADDRESS CITY-ST-ZIP **AVENTURA FL 33160** CITY-ST-ZIP TITLE Delete TITLE Change Addition JACKSON, MALINKA NAME NAME STREET ADDRESS 7000 ISLAND BLVD., APT # 111 STREET ADDRESS CITY-ST-ZIP **AVENTURA FL 33160** CITY-ST-7IP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE [7] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF 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

ACKSON.