

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M87062

1. Entity Name

K & R GROUP III, INC.

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90009 004 ***158.75

Principal Place of Business

1000 CLINT MOORE ROAD
SUITE 110
BOCA RATON FL 33487

Mailing Address

1000 CLINT MOORE ROAD
SUITE 110
BOCA RATON FL 33487-2847

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0061824

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

ENDELSON, KENNETH M.
SUITE 110
1000 CLINT MOORE ROAD
BOCA RATON FL 33487

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

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
Tax filing requirement and elects to do so.
(See criteria on back)



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

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | DPT | <input type="checkbox"/> Delete |
| NAME | ENDELSON, KENNETH M. | |
| STREET ADDRESS | 1000 CLINT MOORE RD. | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | DVS | <input type="checkbox"/> Delete |
| NAME | FINKELSTEIN, RICHARD | |
| STREET ADDRESS | 1000 CLINT MOORE RD. | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JUDY MATTHEWS GRAY | |
| STREET ADDRESS | 1000 CLINT MOORE RD, STE 110 | |
| CITY-ST-ZIP | BOCA RATON FL 33487 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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:

Judy Matthews Gray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/00

Daytime Phone #

561.997.5760

CR2E034 (9/99)