**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 07, 2002 8:00 am Secretary of State DOCUMENT # 576909 1. Entity Name 02-07-2002 90004 049 \*\*\*150.00 KF INTERNATIONAL, INC. Principal Place of Business Mailing Address 3100 N. 29TH COURT P.O. BOX 993 HOLLYWOOD FL 33020 HOLLYWOOD FL 33022 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 59-1849399 Not Applicable Zip 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 DUNEIER, FRED Street Address (P.O. Box Number is Not Acceptable) 3100 N. 29TH COURT HOLLYWOOD FL 33020 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees "(See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition NAME NAME **DUNEIER, FRED** STREET ADDRESS STREET ADDRESS 3100 N. 29TH COURT CITY-ST-ZIP St. CITY-ST-ZIP HOLLYWOOD FL TITLE ☐ Delete ☐ Change ☐ Addition NAME A SECTION NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE . Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. + CITY: ST-7IP ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP . ; ; CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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 appears in Block 11 or Block 12 if

changed, or on an attachment with an add