2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 580548

FILED Jan 25, 2000 8:00 am

1. Entity Nam	ne								Caa		. Af	C4040	
KU ENTERPRISES, INC.								Secretary of State 01-25-2000 90028 012 ***150.00					
Principal Place of Business C/O LONDON WITTE & CO. P.A. 3101 N FEDERAL HWY STE 700 FT. LAUDERDALE FL 33306 US 2. Principal Place of Business Suite, Apt. #, etc.				Mailing Address C/O LONDON. WHITE. & CO. P.A. 3101 N FEDERAL HWY SUITE 700 FT. LAUDERDALE FL 33306-1042 US 3. Mailing Address C/O LONDON WITTE & CO. P.A. Suite, Apt. #, etc.					read Bilain		 2.2 <i></i>	### ##################################	hu migil s ö ns
								A.					
										DO NOT WRIT	E IN THIS	SPACE	
City & State			_	City & State				4. F	El Number	59-1847588	3		oplied For
Zip		Country	-	Zip	· -	Coun	try	_5. (Certificate of	Status <u>Desired</u>		\$8.75 Ade	
	stered Agen	t			7. N	lame and Ac	idress of New R	egistered	Agent				
3101		I Al Hwy, Suite 700 E Fl 33306					Name Street Addre	ess (P.O. B	ox Number is	s Not Acceptable	FL	Zip Cod	e
SIGNATURE . 9. This corporate fax filing r	Signature, typed	y submits this statement or printed name of registered against the satisfy its Intangual and elects to do so.	pent and title	a if applicable. FI After	(NOT LE NOW! MAY 1, 20	E Registere	ed office or reg of Agent signature re IS \$150.00 will be \$550.00 epartment of	quired when re	instating) 10. Election	n the State of Flo	DATE		0 May Be
11,		OFFICERS AI	ND DIRE	CTORS		12.		AD	DITIONS/CH	IANGES TO OFFI	CERS ANI	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5202 W 1	EDITH ROSEN			Delete	TITLE NAM STRE	ı					Change	☐ Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT KURTZ, N 3101 N F		E 700		Delete	4]					☐ Change	Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROSEN, I 8362 OAI LENEXA I	VIEW CIRCLE	-		Delete	NAM(STRE		-	- -	ا ورسوسان ۳		Change	. Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP					Delete		l l				<u>, , , , , , , , , , , , , , , , , , , </u>	☐ Change	Additio
TITLE NAME STREET ADORESS CITY-ST-ZIP					Delete		1					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP					Delete		l l					☐ Change	☐ Addition
indicated	on this repor	e information supplied v t or supplemental repo ne receiver o <u>r</u> trustee er	rt is true	and accurate	and that r	ny signat	ure shall have	the same i	egal effect as	s if made under o	ath; that I	am an officer	or director

changed, or on an attachment

SIGNATURE:

954-566-4400