2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 828219 1. Entity Name KIRK-BRUMMEL ASSOCIATES, INC.							FILED Mar 27, 2001 8:00 am Secretary of State 03-27-2001 90032 018 ***150.00					
Principal Place of Business 979 3RD AVE NEW YORK NY 10022		Mailing Address 979 3RD AVE NEW YORK NY 10022						· -				
2. Principal F	Place of Business	3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_	I T BUIGI TA LI U I	DO NOT WRITE			II uf ifi (UU)		
City & State		City & State			4. 1	4. FEI Number 13-2556059 Applied For						
Zip Country		Zip Cour		try	5. Certificate of Status D		Status Desired		Not Applicable			
·	6. Name and Address of Current F	Registered Agent				Fee Required						
1201	NTICE-HALL CORPORATION SYSTE 1 HAYES ST.	Tem, Inc.		Name Street Addres	e Address (P.O. Box Number is Not Acceptable)							
	#105 AHASSEE FL 32301			City	FL Zip Code					9		
8. The above	e named entity submits this statement for	the purpose of changing its	s register	ed office or regi	stered ag	ent, or both, i	n the State of Flor	da.				
SIGNATURE	Signature, typed or printed name of registered agent a	d title if applicable (NOT	F: Benistere	d Agent signature requ	uired when re			DATE				
 9. This corporation is eligible to satisfy its Intangib Tax filing requirement and elects to do so. (See criteria on back) 		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta				I TRISLEURA CONTROLINON LE ARGERITA FARS I						
11.	OFFICERS AND I		12.	•	AD	DITIONS/CH	ANGES TO OFFIC				<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brummel, Myron 105 N. County RD Palm Beach Fl	Delete						Ĺ] Change	Addition	E034 (10/00)	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete						[Change	🗌 Addition	CR2E03	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		🗋 Delete	TITLE NAM STRE					C] Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAM STRE	:] Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAMI STRE					C] Change	Addition		
13. I hereby indicated of the con changed	certify that the information subplied with to on this report or supplemental eport is poration or the receiver of stee empore or on an aracement with an extress, w URE:	his filing does not adalify to rue and accurate and that i vered to execute this report th all other like entrowered whether the of signing officer	my signat as requi M.L	nption stated in ure shall have the red by Chapter (BRUM)	ne same 607, Flori	legal effect as da Statutes; a	Florida Statutes. I f s if made under oa and that my name y/(0/0 f	ith; that I am appears in B	that the in an officer lock 11 or Phone #	formation or director Block 12 if		