2002 UNIFORM BUSINESS REPORT (UBR)

Mar 22, 2002 8:00 am s Secretary of State H48749 DOCUMENT # 1. Entity Name KEMKO A.M.A., CORP. 03-22-2002 90054 049 ***150.00 Mailing Address Principal Place of Business 755 SOUTH DEERFIELD AVENUE 755 SOUTH DEERFIELD AVENUE DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 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 59-2514836 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MULHEIM, JOSEPH C. Street Address (P.O. Box Number is Not Acceptable) 755 SOUTH DEERFIELD AVENUE **DEERFIELD BEACH FL 33441** City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DO TITLE Delete TITLE ☐ Addition MULHEIM JOSEPH C. NAME MULHEIM, JOSEPH C. NAME 18351 S.W. 50th CT 18351 SW 50 CT STREET ADDRESS STREET ADDRESS SOUTHWEST RANCHES, FL 33331 FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP MULHEIM, CHERYL E 18351 S.W. 50th CT ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS outhWEST RANCHES, FL CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE - Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 regulired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

ddress, with all other like empowered

changed, or on an attachment with

FILED