

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M59764

1. Entity Name

K B COMMERICAL REAL EATATE GROUP, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90170 038 ***150.00

Principal Place of Business

2601 S BAYSHORE DRIVE
STE PH-1B
MIAMI FL 33133
US

Mailing Address

2601 S BAYSHORE DRIVE
STE PH-1B
MIAMI FL 33133-5417
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0007191

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

BIONDI, WILLIAM
3750 NW 87TH AVE
STE 250
MIAMI FL 33178

Name William Biondi
Street Address (P.O. Box Number is Not Acceptable)
2601 South Bayshore Drive
9th Floor
Miami FL 33133

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE STD
NAME KATZ, MICHAEL
STREET ADDRESS 2601 S BAYSHORE DR, STE PH-1B
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME 9th Floor
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME BIONDI, WILLIAM
STREET ADDRESS 2601 S BAYSHORE DR, STE PH-1B
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME 9th Floor
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

William Biondi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)