

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

02/17/99

DOCUMENT # P00000029766

1. Entity Name
KM WORLDWIDE DISTRIBUTION SERVICES, INC.

05-17-2001 90381 039 ***150.00

Principal Place of Business

Mailing Address

**46 GABLES BLVD.
 WESTON FL 33326**

**46 GABLES BLVD.
 WESTON FL 33326**

2. Principal Place of Business

3. Mailing Address

2865 South Belmont Ln

2865 S. Belmont Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Cooper City, FL

Cooper City, FL

4. FEI Number

Applied For

051053996

Not Applicable

Zip

Country

Zip

Country

33024

33024

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

**VASSELL-BULLOCK, KNICKITA
 46 GABLES BLVD.
 WESTON FL 33326**

Name

Michele Pemberton

Street Address (P.O. Box Number is Not Acceptable)

2865 S. Belmont Lane

City

Cooper City

FL

Zip Code

33026

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 **Michele Pemberton - CFO**

5/1/01

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
 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 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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Chief Financial Officer**
 STREET ADDRESS **Michele Pemberton**
 CITY-ST-ZIP **2865 S. Belmont Lane**
Cooper City, FL 33026

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Secretary**
 STREET ADDRESS **Gareth Bullock**
 CITY-ST-ZIP **46 Gables Blvd**
Weston, FL 33326

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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 NAME
 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 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: **K. L. Bullock**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01 (954) 349-9311
 Date Daytime Phone #

CR2E034 (10/00)