

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90124 029 ***150.00

DOCUMENT # P00000047850

1. Entity Name

KM CONCEPTS, INC.

Principal Place of Business

**3 BAYTREE CIRCLE
 BOYNTON BEACH FL 33413**

33436

Mailing Address

**3 BAYTREE CIRCLE
 BOYNTON BEACH FL 33413**

33436

00052623



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3 BAYTREE CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

3 BAYTREE CIRCLE

Suite, Apt. #, etc.

City & State

BOYNTON BEACH FL

Zip

33436

Country

USA

City & State

BOYNTON BEACH FL

Zip

33436

Country

USA

4. FEI Number

25-1003961

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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, 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

TITLE **PD** ☐ Delete
 NAME **GIORDANO, KIM M**
 STREET ADDRESS **3 BAYTREE CIRCLE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33413**

TITLE **VD** ☐ Delete
 NAME **QUALLS, LEONARD G III**
 STREET ADDRESS **3 BAYTREE CIRCLE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33413**

TITLE **STD** ☒ Delete
 NAME **QUALLS, KIMBERLY A**
 STREET ADDRESS **3 BAYTREE CIRCLE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33413**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ Addition
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 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 empowerment.

SIGNATURE:

KIM M GIORDANO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

361-358-5221

Daytime Phone #

CR2E034 (10/00)