## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

P00000063949

1. Entity Name

KAG EQUITY CORP.



## Mar 06, 2003 8:00 am & Secretary of State **FILED**

03-06-2003 90089 003 \*\*\*150.00

Principal Pla 2300 GLADES SUITE 100E BOCA RATOR		Mailing Address 2300 GLADES ROAD SUITE 100E BOCA RATON FL 33431						
2. Principal I	Place of Business	3. Mailing Address			-	. 14011041 111 44111 00111 64111 04111 05111 F6114 01		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1	☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State			4.	4. FEI Number 65-1021107 Applied For Not Applicable		
Zip	Country Zip Cou		Coun	itry	5. Certificate of Status Desired See Required		ditional	
	6. Name and Address of Current	egistered Agent			7. Name and Address of New Registered Agent			
				Name				
	eld, William R NDES Road	Street Address			P.O. Box Number is Not Acceptable)			
SUITE 10								
	TON FL 33431			City	·	FL	Zip Coc	le
<ol> <li>The above named entity submits this statement for the purpose of changing its registered of the obligations of registered agent.</li> </ol>					red ag		miliar with,	and accept
, *	· 🔻							
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NO	DTE: Registered	d Agent signature required	d when re	einstating) DATE		<del></del>
		(***				DATE.		
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State						9. Election Campaign Financing Trust Fund Contribution.		May Be to Fees
10.	OFFICERS AND DIRECTORS 11				ΔΠ	] DDITIONS/CHANGES TO OFFICERS AND [	NECTOR	C INL 11
TITLE	Delete		TITLE	:			Change	Addition
NAME	GREENFIELD, WILLIAM R		NAME	- 1				
STREET ADDRESS	2300 GLADES ROAD SUITE 100E			et address				
CITY-ST-ZIP	BOCA RATON FL 33431		CITY-	-ST-ZIP				
TITLE		☐ Delete	TITLE			I	Change	☐ Addition
NAME STREET ADDRESS			NAME					
CITY-ST-ZIP				ET ADDRESS · ST-ZIP				
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STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		. <u>.</u>	CITY-	ST-ZIP				

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE SIGNING OFFICER OF DIRECTOR

2/17/03 Date

561-392-6662

Daytime Phone #