2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

126 ESSEX RD

HOLLYWOOD FL 33024

1. Entity Name

Principal Place of Business

HOLLYWOOD FL 33024

126 ESSEX RD

KS FLA. INVESTMENTS, INC.



Mar 07, 2003 8:00 am Secretary of State 03-07-2003 90066 020 ***150.00

FILED

P00000068138 DOCUMENT #

2. Principal Place of Business 3. Mailing Address 321, SE 3 RA ST # 506 321 SE Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1033450 DANIA DANIA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIRPAUL KEVAL GARRY, GERALDINE Street Address (P.O. Box Number is Not Acceptable)
321 SE 3 RA ST # 506 126 ESSEX RD HOLLYWOOD FL 33024 Zip Code 33004 DaNIA ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept The above named entity submit the obligations KEVAL SIRPAUL SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE Change TITLE Delete SIRPAUL, KEVAL NAME NAME 321 SE 3 nd 5x # 506 STREET ADDRESS 126 ESSEX RD STREET ADDRESS HOLLYWOOD FL 33024 DANIA FL 33004 CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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 embowered 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 ac KEVAL SIRPAUL

CITY-ST-ZIP

CITY-ST-7IP

DIRECTOR