2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

May 22, 2002 8:00 am Secretary of State P00000073066 DOCUMENT # 1. Entity Name 05-22-2002 90169 039 ***150.00 KURB ENTERPRISES INC. Principal Place of Business Mailing Address 7925 NW 12TH STREET 7925 NW 12TH STREET 401414 **SUTIE 318** SHITIE 318 MIAMI F; 33126 MIAMI F: 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-1066831 Not Applicable Country: \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BATTLE, BLANCA Street Address (P.O. Box Number is Not Acceptable) 7925 NW 12TH STREET **SUITE 318** MIAMI FL 33126 -Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE PSTD ☐ Delete TITLE NAME BATTLE, BLANCA NAME STREET ADDRESS 7925 NW 12TH STREET STREET ADDRESS CITY-ST-7IP MIAMI F; 33126 CITY-ST-ZIP Change ☐ Addition Delete VD TITLE TITLE NAME NAME BATTLE, ROBERT STREET ADDRESS STREET ADDRESS 7925 NW 12TH STREET, SUITE 318 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33126** ☐ Change ☐ Addition TITLE-Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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

FILED