FILED

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

## Feb 07, 2003 8:00 am Secretary of State P00000087386 DOCUMENT # 02-07-2003 90061 039 \*\*\*150.00 1. Entity Name KSK CAPITAL PARTNERS, INC. Principal Place of Business Mailing Address 517 S.W. FIRST AVE. 517 S.W. FIRST AVE. FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 Principal Place of Business Mailing Address $\omega\omega$ Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number itv & State Applied For 65-1041342 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHWARTZ, PHILIP L 517 S.W. FIRST AVE. FT. LAUDERDALE FL 33301 8. The above named entity submits this state ent 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 obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 🌣 FILE NOW!!! FÉE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CR2E034 (10/02) ☐ Delete TITLE Change : ☐ Addition ARTIN C. KLEIN KLEIN, MARTIN C NAME NAME 2000 Glades Road, Suite 208 STREET ADDRESS 517 S.W. FIRST AVE. STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33301 laton, Fr 33431 CITY-ST-ZIP D Change TITLE Delete TITLE FAILIP L. SCHWARTZ NAME SCHWARTZ, PHILIP L NAME 2000 Glades Road, Suite 208 STREET ADDRESS 517 S.W. FIRST AVE. STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33301 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME Glades Road jonite 208 STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition

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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

MAE REQUIRED SIGN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR