

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000097146**

1. Entity Name

KILLIAN INVESTORS II, INC.

FILED

02 OCT 28 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7775 NW 48 ST.
SUITE 100
MIAMI FL 33166
US

Mailing Address

7775 NW 48 ST.
SUITE 100
MIAMI FL 33166
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1050018

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARVETT, FREDRIC M

1110 BRICKELL AVE., PENTHOUSE ONE
MIAMI FL 33131

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. I am familiar with, and accept the obligations of registered agent.

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 \$850.00****After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

KESSLER, HAROLD
7705 NW 48TH ST., #100
MIAMI FL 33166

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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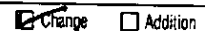
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TITLE
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CITY-ST-ZIP7775 NW 48 street suite #100
Miami, FL 33166

Change



Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change



Addition

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Change



Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change



Addition

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 empowered.

SIGNATURE:

SIGNATURE REQUIRED

10/21/02

Date

Daytime Phone #

CR2E034 (4/02)