2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P00000110041 1. Entity Name K & R WORKS INC. 4-23-2001 90177 022 ***150.00 Mailing Address Principal Place of Business 242 ROSEDALE DRIVE 242 ROSEDALE DRIVE MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166 746279 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 65-1057825 Applied For City & State City & State Not Applicable Country **\$8.75** Additional Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NEUMAN, KEVIN Street Address (P.O. Box Number is Not Acceptable) 242 ROSEDALE DRIVE MIAMI SPRINGS FL 33166 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. DATE 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition PD ☐ Delete TITLE TITLE Newman, Kevin NAME NEUMAN, KEWVIN NAME STREET ADDRESS 242 Rosedale Drive STREET ADDRESS 242 ROSEDALE DRIVE CITY-ST-ZIP CiTY-ST-7IP Miami Springs, Fl. 33166 MIAMI SPRINGS FL 33166 Addition Change Delete TITLE NAME MCCARTHY, RICHARD NAME Newman, Tammi STREET ADDRESS STREET ADDRESS 9820 SW 73RD ST 242 Rosedale Drive CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33173 Miami Springs, Fl. 33166 Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 efficiency of the empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #