## FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Apr 30, 2002 8:00 am Secretary of State DOCUMENT # P00000111189 1. Entity Name 04-30-2002 90101 014 \*\*\*150.00 KBS ASSOCIATES, INC. Principal Place of Business Mailing Address 10119 SW 140 STREET -10113 SW 140 STREET MIAMI FL 22176 --MIAMI FL 89176 --2. Principal Place of Business 3. Mailing Address 84 STRRET 10100 SW 84 STREET 10100 SW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1066834 イルチャン NNot Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Stone, Rihcard L Street Address (P.O. Box Number is Not Acceptable) 10100 SW 84 ST 10113 SW-140 STREET MIAMI, FL 33173 MIAMI FL 33176 -City 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete PRESIDENT (9/01)TITLE Change ☐ Addition STONE, RICHARD L NAME 10113 SW-140 STREET CR2E034 STREET ADDRESS STREET ADDRESS 10100 SW B4 STREET **ADDRESS** MIAMI FL-33170 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33173 TITLE Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS 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 embowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

of the corporation or the eceiver or truste changed, or on an attachment with an acc

SIGNATURE: