

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 05, 2001 8:00 am**
Secretary of State

03-05-2001 90280 007 ***163.75

DOCUMENT # P00000117502

1. Entity Name

K-EL INTERNATIONAL CORPORATION

Principal Place of Business

Mailing Address

**901 PONCE DE LEON BLVD.
SUITE 603
CORAL GABLES FL 33134****901 PONCE DE LEON BLVD.
SUITE 603
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**15720 Bull Run Road
Suite, Apt. #, etc. # H481****15720 Bull Run Rd
Suite, Apt. #, etc. # H481****City & State
Miami Lakes FL****City & State
Miami Lakes FL**4. FEI Number **59-3689277**

Applied For

Not Applicable

**Zip
33014****Country
USA****Zip
33014****Country
USA**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

**ALBORNOZ, WILLIAM H ESQ.
901 PONCE DE LEON BLVD.
SUITE 603
CORAL GABLES FL 33134****Name Elizabeth A. Curry
Street Address (P.O. Box Number is Not Acceptable)
15720 Bull Run Road
H481
City Miami Lakes FL Zip Code 33014**

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

Elizabeth A. Curry, President of Corporation

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/27/019. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 D ☐ Delete
NAME CURRY, KIMBREL R
STREET ADDRESS C/O 901 PONCE DE LEON BLVD. SUITE 603
CITY-ST-ZIP CORAL GABLES FL 33134**TITLE D/V/T** ☒ Change ☐ Addition
NAME Kimbrel R. Curry
STREET ADDRESS 15720 Bull Run Rd # H481
CITY-ST-ZIP Miami Lakes FL 33014**TITLE D** ☐ Delete
NAME CURRY, ELIZABETH A
STREET ADDRESS C/O 901 PONCE DE LEON BLVD. SUITE 603
CITY-ST-ZIP CORAL GABLES FL 33134**TITLE D/P/S** ☒ Change ☐ Addition
NAME Elizabeth A. Curry
STREET ADDRESS 15720 Bull Run Rd # H481
CITY-ST-ZIP Miami Lakes FL 33014**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/01**305 556 6092**

CR2E034 (10/00)