


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90327 010 \*\*\*155.00

DOCUMENT # *P01000029315*

1. Entity Name  
**KURRENT INC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**11111 BISCAYNE BLVD**  
Suite, Apt. #, etc.  
**1155**

3. Mailing Address  
**11111 BISCAYNE BLVD**  
Suite, Apt. #, etc.  
**1155**

DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

4. FEI Number  
**65-109-2642**

Applied For  
 Not Applicable

Zip  
**33181**

Country  
**DADE**

Zip  
**33181**

Country  
**DADE**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**RICHARD LOVELACE**

Street Address (P.O. Box Number is Not Acceptable)  
**11111 BISCAYNE BLVD # 1155**

City  
**MIAMI**

**FL** Zip Code  
**33181**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to: Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RICHARD LOVELACE</b> <b>11111 BISCAYNE BLVD # 1155</b> <b>MIAMI, FL 33181</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **4/28/04** Date Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR