

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90102 041 ***150.00

DOCUMENT # P01000042182

1. Entity Name
K & W ENTERPRISES OF MONROE, INC.



Principal Place of Business
**30992 SW 195TH AVE
HOMESTEAD FL 33030**

Mailing Address
**30992 SW 195TH AVE
HOMESTEAD FL 33030**

2. Principal Place of Business
437 N. Krome Ave.
Suite, Apt. #, etc.

3. Mailing Address
437 N. Krome Ave
Suite, Apt. #, etc.

City & State
Homestead, FL
Zip
33030 Country
USA

City & State
Homestead, FL
Zip
33030 Country
USA

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LYNN, SANDRA T ESQ
830N. KROME AVE
HOMESTEAD FL 33030**

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **S** ☐ Delete
NAME **LAVENE, KATRINA J**
STREET ADDRESS **30992 SW 195TH AVE**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE **P** ☐ Delete
NAME **LAVENE, WHITNEY G**
STREET ADDRESS **30992 SW 195TH AVE**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☒ Change ☐ Addition
NAME **Lavene, Katrina J.**
STREET ADDRESS **437 N Krome Ave**
CITY-ST-ZIP **Homestead, FL 33030**

TITLE **P** ☒ Change ☐ Addition
NAME **Lavene, Whitney G**
STREET ADDRESS **437 N Krome Ave.**
CITY-ST-ZIP **Homestead, FL 33030**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KATRINA J. LAVENE

1/7/2003 305247-7522
Date Daytime Phone #

CR2E034 (10/02)