

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90119 034 \*\*\*150.00

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

DOCUMENT # P010000 43964

1. Entity Name

Kades Ent, Inc.

646167

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

34 93 E Colonial Dr

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 574043

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

Orlando, FL 32857

4. FEI Number

59-3714061

Applied For

Not Applicable

Zip

32803

Country

~~USA~~

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Subhi Suid

Street Address (P.O. Box Number is Not Acceptable)

556 Conway Rd APT H

City

Orlando

FL

Zip Code

32807

**DO NOT WRITE  
IN THIS SPACE**

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

X Subhi K. Suid

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

(NOTE: Registered Agent signature required when reinstating)

4/16/02

Date

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.  
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Subhi Suid - Pres.  
556 Conway Rd APT H  
Orlando, FL 32807

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

V.P.  
K. Hader Suid  
556 Conway Rd APT H  
Orlando FL 32807

TITLE  
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02

Date

407 384 2234

Daytime Phone #

CR2E034B (12/01)