

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000045205

1. Entity Name  
KLM OF SOUTH FLORIDA, INC.

FILED

02 OCT 14 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

11300 SW 175TH ST  
MIAMI FL 33157

Mailing Address

11300 SW 175TH ST  
MIAMI FL 33157

2. Principal Place of Business

Same as above

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MOSS, KEITH

11300 SW 175TH ST  
MIAMI FL 33157

Name

Keith Moss

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

1130 S.W. 175 Street

City

Miami

FL

Zip Code

33157

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)

DATE

Keith Moss

10-8-02

9. 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, 2002 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 MOSS, KEITH  
STREET ADDRESS 11300 SW 175TH ST  
CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ Change ☐ Addition

NAME 600008402926  
STREET ADDRESS 10/16/02--01070--001 \*\*\$50.00  
CITY-ST-ZIP

TITLE Vice-President ☐ Delete

NAME Travino Higgs  
STREET ADDRESS 10142 S.W. 22nd Terrace  
CITY-ST-ZIP Miami, Florida 33157

TITLE ☐ Change ☐ Addition

NAME Secretary  
STREET ADDRESS George Lightburn  
CITY-ST-ZIP 17411 N.W. 48th Avenue

TITLE Secretary ☐ Delete

NAME George Lightburn  
STREET ADDRESS 17411 N.W. 48th Avenue  
CITY-ST-ZIP Miami, Fla. 33055

TITLE ☐ Change ☐ Addition

NAME Treasurer  
STREET ADDRESS Shovonne Higgs  
CITY-ST-ZIP 10142 S.W. 22nd Terrace

TITLE Treasurer ☐ Delete

NAME Shovonne Higgs  
STREET ADDRESS 10142 S.W. 22nd Terrace  
CITY-ST-ZIP Miami, Fl. 33157

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition  
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 REQUIRED Keith Moss

10-8-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)