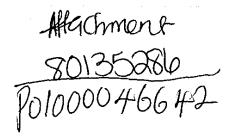
## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## Aug 01, 2003 8:00 am Secretary of State DOCUMENT # P01000046642 08-01-2003 90059 015 \*\*\*150.00 1. Entity Name K & A PROPERTIES INC. Principal Place of Business Mailing Address 8034 SW 199 TER 8034 SW 199 TER MIAMI FL 33189 MIAMI FL 33189 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State City & State 65-1119414 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CAIRNS Kim ·CAINES; KIM: L= 8034 SW 199 TER 8034 MIAMI FL 33189 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 age it SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE 15 \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Dipartment of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE President/SEC Addition CAINS, ANA M ANA M NAME NAME CAIRNS 8034 SW 199 TER 2034 SW 199 TCR STREET ADDRESS STREET ADDRESS 33189 CITY-ST-ZIP **MIAMI FL 33189** CITY-ST-ZIP MIAMI FL VICE PRES ITREAS. **№** Change ☐ Addition TITLE ☐ Delete TITLE CAINS, KIM L NAME NAME CAIRNS STREET ADDRESS STREET ADDRESS 8034 SW 199 TER BO34 SW 199 T CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33189 33189 MAIM TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:



8034 SW 199 Terrace Miami, FL 33189 March 26, 2001

Re: 2003 Uniform Business Report

Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

This letter is to advise that this is first notice received.

Thank you,

Ana M. Cairns

President