

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

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90126 025 ***150.00

DOCUMENT # PO1000063919
Entity Name
KIRBY ENTERPRISES, GROUP INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
111 S.W. 31 AVENUE
Suite, Apt. #, etc.
City & State
FT LAUD. FL.
Zip
3312
Country
U.S.A.

3. Mailing Address
P.O. BOX 4224
Suite, Apt. #, etc.
City & State
HALLANDALE FL 33008
Zip
33008
Country
U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0770712
Applied For
☐ Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent.

Name
CHARLES T. KIRBY
Street Address (P.O. Box Number is Not Acceptable)
711 S.W. 31 AVENUE

City
FORT LAUDERDALE FL Zip Code
33312

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] (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE 4-11-02

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**

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
CHARLES T. KIRBY
711 S.W. 31 AVENUE
FT. LAUDERDALE, FL. 33312

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] CHARLES KIRBY 4-11-02 (954) 445-5838
Signature and typed or printed name of signing officer or director Date Daytime Phone #