2002 UNIFORM BUSINESS REPORT (UBR)

Jul 16, 2002 8:00 am Secretary of State DOCUMENT # P01000064489 1. Entity Name 07-16-2002 90366 014 ***150.00 K.C. LIMITED, INC. Principal Place of Business Mailing Address 36 N.E. 1ST STREET 36 N.E. 1ST STREET SUITE 363 **SUITE 363** MIAMI FL 33132 **MIAMI FL 33132** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1117674 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent KENNETH R. DUBOFF, P.A. Street Address (P.O. Box Number is Not Acceptable) 10920 BISCAYNE BOULEVARD MIAMI FL 33161 City 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CASTRO, ALFREDO NAME 36 N.E. 1ST STREET SUITE 363 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33132 CITY-ST-ZIP TITLE Delete ۷D TITLE Change ☐ Addition NAME KRIEGER TOM-STREET ADDRESS 36 N.E. 1ST STREET SUITE 383 STREET ADDRESS CITY-ST-ZIP MIAMI-FL-93132 CITY-ST-ZIP TITLE STITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP ☐ 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 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS

MILLEQUIRED ALFRED OACHO 1/11/02 (305)358-8175 SIGNATURE:

with all other like empowered

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of the corporation or the receiver or true changed, or on an attachment with a

STREET ADDRESS

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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)(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 true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED

K.C LIMITED INC. 36 NE 1 ST # 363 MIAMI FL 33132 65-1117674 Attachment Document# P01000064489

7/11/02

RE: UBR REPORT FILING FEE

TO WHOM IT MAY CONCERN,

A PER MY CONVERSATION TO YOUR OFFICE ON 7/11/02 REFERENCE THE UBR REPORT I RECEIVED FOR THE FIRST TIME THIS MONTH OF JULY AND THE FEE OF \$550.00. YOUR OFFICE STATED THAT I SHOULD WRITE A LETTER EXPLAINING THE PROBLEM ACCOMPANIED BY A CHECK OF \$150.00. THE CORPORATION WAS STARTED LAST YEAR AND THIS IS MY FIRST TIME PAYING THE UBR FOR THIS CORPORATION. ATTACHED IS THE CHECK FOR \$150.00.

RESPECTFULLY.

ALFREDO CASTRO