

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90968 041 ***150.00

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1. Entity Name
KCE CAPTIAL CORPORATION



Principal Place of Business
1401 BRICKELL AVE STE 700
MIAMI FL 33131

Mailing Address
1401 BRICKELL AVE STE 700
MIAMI FL 33131

2. Principal Place of Business
MIAMI, FLORIDA

3. Mailing Address
4779 Collins Ave.

Suite, Apt. #, etc.
4779 Collins Ave #1804

Suite, Apt. #, etc.
1804

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33140

Country
U.S.A

Zip
33140

Country
U.S.A

4. FEI Number
65-1133607

☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DOYLE, MARTIN
1401 BRICKELL AVE STE 700
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **KEVIN Fitzgerald**
Street Address (P.O. Box Number is Not Acceptable)
4779 Collins Ave, Suite 1804
City **MIAMI** FL Zip Code **33140**

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 *Kevin Fitzgerald*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 28, 2003

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **FITZGERALD, KEVIN**
STREET ADDRESS **1401 BRICKELL AVE STE 700**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **KEVIN Fitzgerald / Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS **4779 Collins Ave, Suite 1804**
CITY-ST-ZIP **MIAMI, FL 33140**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Kevin Fitzgerald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 **305-416-4970**
Date Daytime Phone #

x 25

CR2E034 (10/02)