K&B GLOBAL TRADE 5613929196

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Jan 27, 2003 8:00 am
Secretary of State
01-27-2003 90218 034 ***150.00

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2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000073345

1. Entity Name

K + B GLOBAL TRADE CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1712 Costa Del Sol	1712 Costa Del Sol
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton,	City & State: FLORIDA
Zip: 33432 Country: USA	Zip: 33432 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 651141359 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Tim A. Shane, Esq.

Street Address (P.O. Box Number is Not Acceptable): 185 N.W. Spanish River Blvd. Suite 290

City: Boca Raton FL Zip Code: 33431

8. The above named entity submits this statement for the purposes 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] 1/23/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS

TITLE: D / NAME: C.E.O. / STREET ADDRESS / CITY-ST-ZIP	KALKAVAN, YILMAZ / 1712 Costa Del Sol / Boca Raton, FL 33432
TITLE: P, D / NAME / STREET ADDRESS / CITY-ST-ZIP	BARHA HARUN / 10325 Chatsworth Way / Boca Raton, FL 33498
TITLE / NAME: P.D / STREET ADDRESS / CITY-ST-ZIP	(HARUN BARHA)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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

SIGNATURE: X [signature] HARUN BARHA 561-392-3280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARUN BARHA, President 1/23/03