2002 UNIFORM BUSINESS REPORT (UBR)

Aug 29, 2002 8:00 am Secretary of State DOCUMENT # P01000083825 1. Entity Name 08-29-2002 90005 012 ***550.00 THOMAS KIRK ENT., INC. PER L ratio Principal Place of Business Mailing Address 7161 TAFT STREET 7161 TAFT STREET HOLLYWOOD FL 33024 HOLLYWOOD FL 33024 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. FEL Number Applied For 65-1131898 Not Applicable 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 SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** 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 10 Tax filling requirement and elects to do so. 1 41 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 MP (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE **PSTD** ☐ Delete TITLE ☐ Change Addition DAMIANO, JOHN NAME. NAME STREET ADDRESS 7161 TAFT STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33024 CITY-ST-7IP TITLE P ☐ Delete TITI F ☐ Change Addition Thomas KIRK III NAME STREET ADDRESS 147 JANIS Blud STREET ADDRESS CITY-ST-ZIP <u>Pembroke Park FL33009</u> CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME DAMIANO_John STREET ADDRESS 7161 TAFTST STREET ADDRESS CITY-ST-ZIP Hollywood FL 33024 CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT! F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS

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 Block 12 if

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

20/0 2 954-963-5889

FILED