

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90092 012 ***150.00

DOCUMENT # P01000100144

1. Entity Name
K. & B. INVESTORS CORP.



Principal Place of Business
**16810 S.W. 107TH COURT
MIAMI FL 33157**

Mailing Address
**16810 S.W. 107TH COURT
MIAMI FL 33157**

2. Principal Place of Business
**16810 SW 107 CT.
Suite, Apt. #, etc.
Miami FL 33157**

3. Mailing Address
**PO BOX 770786
Suite, Apt. #, etc.**

City & State

City & State
Miami FL

4. FEI Number **65-1154360**

Applied For
Not Applicable

Zip **33157** Country **Dade**

Zip **33177** Country **Dade**

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOYLE, E. BARBARA
14471 S W 137TH COURT
MIAMI FL 33186**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 *E. Barbara Doyle* **E. Barbara Doyle** **01/06/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **DOYLE, E. BARBARA**
STREET ADDRESS **14471 S W 137TH COURT**
CITY-ST-ZIP **MIAMI FL 33186**

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

TITLE **D** ☐ Delete
NAME **CROSS, KEITH**
STREET ADDRESS **16810 S.W. 107TH COURT**
CITY-ST-ZIP **MIAMI FL 33157**

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

TITLE ☐ Delete
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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:

E. Barbara Doyle **E. Barbara Doyle**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/03 305-793-9413
Date Daytime Phone #

CR2E034 (10/02)