

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91801 014 ***158.75

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DOCUMENT # P02000000538

1. Entity Name
KCN SOLUTIONS, INC.



Principal Place of Business
**17051 NE 35TH AVE., STE. 203
NORTH MIAMI BEACH FL 33160**

Mailing Address
**17051 NE 35TH AVE., STE. 203
NORTH MIAMI BEACH FL 33160**

11041937



2. Principal Place of Business
999 BRICKELL BAY DR.

3. Mailing Address
999 BRICKELL BAY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

504

504

City & State

City & State

MIAMI FL

MIAMI, FL

4. FEI Number

01-0576638

Applied For

Not Applicable

Zip
33131

Country
USA

Zip
33131

Country
USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SISSON, LARRY
218 SOUTHERN COUNTRY LN.
QUINCY FL 32351**

Name
PETER Z. PETR

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

1220 NE 207 ST

City
MIAMI

FL

Zip Code
33179

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

4/29/03

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

04/29/03

Date

Daytime Phone #

CR2E034 (10/02)