2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

SIGNATURE

FILED Sep 02, 2003 8:00 am Secretary of State

Davtime Phone #

8/7/

08-07-2003 90118 006 ***150.00 P02000029768 **DOCUMENT #** 1. Entity Name KWKULINAIRE, INC. 119 Modei va Ave Mailing Address Principal Place of Business 55055427 PO-BOX-7520---CORAL GABLES FL 20234 COYAL GOLDLOS CORAL GABLES FL 30234 FU 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For Not Applicable Zip Country 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 الم مالية المالية والمرسوسية والمرسوسية المرسوسية المرسوسية المرسوسية المرسوسية المرسوسية والمرسوسية والمرسوسية WHITE, KYRA 119 madeira Au Street Address (P.O. Box Number is Not Acceptable) 433 BARGELLO CORAL GARLES FLOSING COVAL GLADLES TC City Zio 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete ☐ Change ☐ Addition TITLE TITLE white, kyra NAME NAME na madeira Aue STREET ADDRESS STREET ADDRESS ישטעי Corai CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition DRE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

" Ottachment

55000427 P020000297168

Florida Department of State Division of Corporations Uniform Business Report P.O. Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

Please be advised that this is the first notification that I have received regarding the UBR filing. I was not aware that I had been sent a notice until I received a delinquent fee for \$550.00. Please accept the normal filing fee of \$150.00.

I have a change of address, which I have indicated on the UBR form. The address is 119 Madeira Avenue, Coral Gables, FL 33134. If you should have any further questions, feel free to contact me at 305-663-4120. Thank you.

Sincerely,

Kyra White