## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P02000081628

Entity Name: KPAX, INC.

City-St-Zip:

FILED Apr 17, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5275 NW 163 STREET 5275 NW 163 STREET MIAMI, FL 33018 MIAMI, FL 33014 **Current Mailing Address: New Mailing Address:** 5275 NW 163 STREET 5275 NW 163 STREET MIAMI, FL 33018 MIAMI, FL 33014 FEI Number: 11-3644981 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CARVALHO, CARLOS A CARVALHO, CARLOS A 5275 NW 163 STREET 5275 NW 163 STREET MIAMI, FL 33018 MIAMI, FL 33014 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. SIGNATURE: 04/17/2003 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition Title: ( ) Delete Title: CARVALHO, CARLOS A CARVALHO, CARLOS A Name: Name: 5275 NW 163 STREET Address: 5275 NW 163 STREET Address: City-St-Zip: MIAMI, FL 33018 City-St-Zip: MIAMI, FL 33014 ( ) Delete Title: Title: ( ) Change (X) Addition Name: Name: CABUS, ALBEIRA Address: 5275 NW 163 ST Address: MIAMI, FL 33014 City-St-Zip: City-St-Zip: Title: Title: () Delete ( ) Change (X) Addition Name: CABUS, ADRIANA D Name: 5275 NW 163 ST Address Address: City-St-Zip: City-St-Zip: MIAMI, FL 33014 Title: () Delete Title: ( ) Change (X) Addition CABUS, PAULA Name: Name: Address: Address: 5275 NW 163 ST

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

MIAMI, FL 33014

SIGNATURE: CARLOS CARVALHO P 04/17/2003