2000 UNIFORM BUSINESS REPORT (UBR)

Apr 03, 2000 08:00 AM DOCUMENT # P9200009969 1. Entity Name **Secretary of State** KC III 833, INC. Principal Place of Business Mailing Address 1 SE 3 AVE 1 SE 3 AVE SUITE 2130 SUITE 2130 MIAMI FL MIAMI FL 33131 33131 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. FEI Number Applied For 65-0377082 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 Name CORPOLITE CORPORATION COPROLITE CORPORATION **SUITE 2130** Street Address (P.O. Box Number is Not Acceptable) 1 SE 3 AVE ONE SOUTHEAST THIRD AVENUE MIAMI \mathbf{FL} **SUITE 2130** 33131 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. 04/03/2000 STEPHEN A. BLASS Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VSD TILE ☐ Detete X Change ☐ Addition CALVERT YVONNE NAME CALVERT YVONNE STREET ADDRESS 1 SE 3RD AVENUE SUITE 2130 STREET ADDRESS 1 SE 3RD AVENUE, SUITE 2130 CITY-ST-ZIP MIAMI \mathbf{FL} CITY-ST-ZIP MIAMI \mathbf{FL} 33131 TITLE ☐ Delete PTD TITLE X Change ☐ Addition NAME NAME JACKSON CARLA JACKSON CARLA STREET ADDRESS 1 SE 3 AVE #2130 STREET ACCRESS 1 SE 3 AVE #2130 CITY-ST-ZIF MIAMI FI. CITY-ST-718 MIAMI FT. 33131 TITLE ☐ Deiete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

FILED

13. 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 changed, or on an attachment with an address, with all other like empowered.

CIONIATURE. CARLA IACUSON