## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 24, 2000 8:00 am Secretary of State DOCUMENT # P9300001844 1. Entity Name KSG EXPORTS, INC. 05-24-2000 90035 038 \*\*\*150.00 Principal Place of Business Mailing Address 290 NE 95 ST. 290 NE 95 ST. MIAMI SHORES FL 33138-2712 MIAMI SHORES FL 33138 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0378939 Not Applicable \$8.75 Additional 5.. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GONZALES, STEPHEN K Street Address (P.O. Box Number is Not Acceptable) 290 NE 95 ST. MIAMI SHORES FL 33138 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition GONZALES, STEPHEN K NAME NAME STREET ADDRESS STREET ADDRESS 290 NE 95 ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI SHORES FL ☐ Change ☐ Addition ☐ Delete TITLE REID, LISETTE M NAME NAME STREET ADDRESS 290 NE 95 ST. STREET ADDRESS MIAMI SHORES FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 adachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYREN OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

so fax fr

Daytime Phone #