

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000031941

1. Entity Name

KMDM, CORP.

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90018 047 ***150.00

00057453



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1828-B NORTH UNIVERSITY DRIVE
FORT LAUDERDALE FL 33322

Mailing Address
1828-B NORTH UNIVERSITY DRIVE
FORT LAUDERDALE FL 33322

2. Principal Place of Business
9430 NW 16 Street
Suite, Apt. #, etc.

3. Mailing Address
9430 NW 16 Street
Suite, Apt. #, etc.

City & State
Plantation, FL

City & State
Plantation, FL

Zip 33322 Country USA

Zip 33322 Country USA

4. FEI Number 65-0437579

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, GEORGE
1828-B NORTH UNIVERSITY DRIVE
FORT LAUDERDALE FL 33322

7. Name and Address of New Registered Agent

Name
SARA MILLER

Street Address (P.O. Box Number is Not Acceptable)
9430 NW 16 Street

City Plantation FL Zip Code 33322

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 Sara Miller DATE 5/30/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!!
After MAY 15, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, GEORGE 1828-B NORTH UNIVERSITY DRIVE FORT LAUDERDALE FL 33322 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, SARA 9430 NW 16 Street Plantation, FL 33322 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS MILLER, DEBRA 9430 NW 16 Street Plantation, FL 33322 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 is 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.

SIGNATURE: Sara Miller SARA MILLER 5/30/01 (954) 452-4908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)