2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE A

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 29, 2001 8:00 am Secretary of State DOCUMENT # P93000066317 K.A.E. HOLDING CORPORATION, INC. 01-29-2001 90159 001 ***150.00 Principal Place of Business Mailing Address 10150 SW 123RD AVE 10150 SW 123RD AVE MIAMI FL 33186 MIAMI FL 33186 611100 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0437359 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent-GURDJIAN, JACQUES Street Address (P.O. Box Number is Not Acceptable) 8050 S.W. 157TH STREET **MIAMI FL 33157** Zip Code FL 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** 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Detete TITLE TITLE Change ☐ Addition JOANNOU, BEN JR. NAME NAME STREET ADDRESS 10155 SW 124 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** TITLE ☐ Delete TITLE Change ☐ Addition NAME JOANNOU, LISA NAME STREET ADDRESS 10150_SW_123_AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** TITLE ☐ Delete TITI E Change ☐ Addition NAME **GURDJIAN, JACQUES** NAME STREET ADDRESS 8050 S.W. 157TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33157** TITLE Change ☐ Addition □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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 receive or that exampowered to exceed 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 a lattice of the corporation of the received of the corporation of the corporation of the received of the corporation of the corporation of the received of the corporation of the received of the rece