**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 31, 2001 8:00 am Secretary of State DOCUMENT # P94000021138 1. Entity Name KWUB INTERNATIONAL INVESTMENTS, INC. 01-31-2001 90198 044 \*\*\*150.00 Principal Place of Business Mailing Address 6758 N. MILITARY TRAIL 6758 N. MILITARY TRAIL SUITE 301 SUITE 301 WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 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 65-0473369 Not Applicable Zip Zip Country \$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 Fred Keller KEIL, WOLFGANG Street Address (P.O. Box Number is Not Acceptable) 6758 N. MILITARY STE 301 6758 N. Military Trail, WEST PALM BEACH FL 33407 West Palm Beach 8. The above named entity sulprits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida tripted 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. K Change Delete TITLE TITLE P/D KEIL, WOLFGANG NAME Fred Keller STREET ADDRESS 6758 N. MILITARY TRAIL SUITE 301 STREET ADDRESS 6758 N. Military Trail, CITY-ST-ZIP CITY-ST-ZIF WEST PALM BEACH FL 33407 West Palm Beach, FL 33407 TITLE ☐ Delete TITLE NAME NAME Kember Korte STREET ADDRESS STREET ADDRESS 6758 N. Military Trail, #301 CITY-ST-ZIP CITY-ST-ZIP West Palm\_Beach, FL\_33407 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [ ] Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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. KEABER KORTE, VP SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR