

FILED

03 OCT -6 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000028412

1. Entity Name
K.M.S. ENTERPRISES, INC.Principal Place of Business
6091 SW 1ST ST
PLANTATION, FL 33314Mailing Address
6091 SW 1ST ST
PLANTATION, FL 33314**REINSTATEMENT** 03☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0481363

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOWALSKI, MICHAEL J
6091 SW 1ST ST
PLANTATION, FL 33314

Name

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

20002352527

10/03/03--01007--018 *\$150.00

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when resigning)

DATE

FILES NOW! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Amended UBR is \$81.25/yr.
Make Check Payable to Florida Department of State9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
KOWALSKI, MICHAEL J
6091 SW 1ST ST
PLANTATION, FL 33314☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KOWALSKI, MICHAEL J
6091 SW 1ST ST
PLANTATION, FL 33314☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
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STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Certificate Number

CH2E034 (10/02)

9/9/2003
10/6

KMS ENTERPRISES, INC
6091 SW 1ST STREET
PLANTATION, FLORIDA 33314
954-605-3681

September 9, 2003

Florida Department of State
ATT: Glenda E Hood
Secretary of State

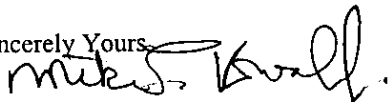
Division of Corporations
Uniform Business Report Filings
Reinstatement Department
409 East Gaines Street
Tallahassee, Florida 32302-1500

Dear Ms. Hood

In RE: My UBR Doc # P94000028412

My Accountant, Mr. Noel E. Escobar was updating our records today he found that we were not active with the Dept. of State; I never received the annual report forms. Therefore this letter to you and we hereby request that you abate any penalties. Please find enclosed my year 2003 (UBR) and a check for \$150.00.

Sincerely Yours



Michael Kowalski
Corporation President