2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # **P94000062797** 1. Entity Name LAW OFFICES OF KEN LANGE, INC. 04-25-2001 90120 021 ***150.00 Principal Place of Business Mailing Address 70 NE 96 ST 70 NE 96 ST MIAMI FL 33138 MIAMI FL 33138 2. Principal Place of Business 3. Mailing Address 1251/E, 125th Stroot Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 10E 9ADK City & State City & State 4. FEI Number Applied For 65-0391797 Wille NORTH 11/Armi Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired DADE DUNE 33161 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BYLANGE** LANGE, KEN Street Address (P.O. Box Number is Not Acceptable) 70 NE 96 ST MIAMI SHORES FL 33138 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 (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change Addition LANGE, KEN NAME NAME 70 NE 96 ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33138 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

AME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: