2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

Apr 18, 2002 8:00 am Secretary of State DOCUMENT # P94000069985 1. Entity Name 04-18-2002 90373 012 ***150.00 KEN DESTEFANO, INC. Principal Place of Business Mailing Address 12850 S.R. 84 _ 12850 S.R. 84 STE 17-27 STE 17-27 DAVIE FL 33325 ுவன் DAVIE-FL-33325 2. Principal Place of Business 3. Mailing Address 2081 SW 151 Terr 2081 SW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0520604 Not Applicable avie Davie Country \$8.75 Additional 5. Certificate of Status Desired Fee Required <u> 33326</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DESTEFANO, KEN (P.O. Box Number is Not Acceptable) 6950 CYPRESS RD. SW 151 #102 PLANTATION FL 33317 Davie 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 SIGNATUR 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) TITLE Delete TITLE ☐ Addition PD Destefano Ken NAME DESTEFANO, KEN NAME 2081 SW. 151 Terr. STREET ADDRESS 6950 CYPRESS RD., #102 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Davie Fl 33326 PLANTATION FL 33317 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

FILED