FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90104 030 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000069120

1. Entity Name
KJP & Associates, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2935 NE 163 St.	3741 NE 163 St
Suite, Apt. #, etc. 5-H	Suite, Apt. #, etc. 226
City & State N. Miami Beach, FL	City & State N. Miami Beach, FL
Zip 33160 Country US	Zip 33160 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0607179 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Puncerelli, Kenneth J.

Street Address (P.O. Box Number is Not Acceptable): 2935 NE 163 St 5-H

City: N. Miami Beach FL Zip Code: 33160

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] 4/26/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P
NAME	Kenneth Puncerelli
STREET ADDRESS	2935 NE 163 St.
CITY-ST-ZIP	N. Miami Beach FL 33160
TITLE	VP
NAME	Theresa Beck
STREET ADDRESS	213 Caroline #C
CITY-ST-ZIP	Mt Shasta, CA 96067
TITLE	S/T
NAME	Barbara W Puncerelli
STREET ADDRESS	2935 NE 163 St
CITY-ST-ZIP	N. Miami Beach, FL 33160
TITLE	VP
NAME	Lisa Cassle
STREET ADDRESS	3735 Piedmont St
CITY-ST-ZIP	Hollywood FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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

SIGNATURE: [signature] 4/26/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #