

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90148 019 ***155.00

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DOCUMENT # P95000069120

1. Entity Name
KJP & ASSOCIATES, INC.



Principal Place of Business
2935 NE 163 ST
5-H
N MIAMI BEACH FL 33160
US

Mailing Address
3741 NE 163 ST
325
N MIAMI BEACH FL 33160



2. Principal Place of Business

3. Mailing Address

16850-112 Collins Av

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 328

City & State

City & State

Sunny Isles Fl

Zip

Country

Zip

Country

33160

Miami Dade

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0607179**

Applied For

Not Applicable

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

PUNCERELLI, KENNETH J.
2935 NE 163 ST
5-H
N MIAMI BEACH FL 33160

Name

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

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 signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. 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	VP	<input type="checkbox"/> Delete
NAME	BECK, TERESA	
STREET ADDRESS	813 CAROLINE, #C	
CITY-ST-ZIP	MOUNT SHASTA CA 96067	
TITLE	P	<input type="checkbox"/> Delete
NAME	PUNCERELLI, KENNETH	
STREET ADDRESS	2935 NE 163 ST	
CITY-ST-ZIP	N MIAMI BEACH FL 33160	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PUNCERELLI, BARBARA W	
STREET ADDRESS	2935 NE 163 ST	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COSALE, LISA	
STREET ADDRESS	3735 PIEDMONT ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Daytime Phone #

CR2E034 (10/02)