## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 21, 2000 8:00 am Secretary of State DOCUMENT # P96000002522 1. Entity Name KEMA CONSULTING, INC. 04-21-2000 90122 001 \*\*\*158.75 Principal Place of Business Mailing Address 22412 ENSENADA WAY 2241-ENSENADA WAY-BOCA RATON FL 33433 BOCA-RATON FL 33433-4827 us. 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0654701 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SUHANDRON, INGRID 22412 ENSENADA WAY BOCA RATON FL-33433 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П 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 OFFICERS AND DIRECTORS 12. 11. P2F034 (9/99) Addition Change TITLE Delete TITLE SUHANDRON, INGRID-NAME NAME 22412-ENSENADA WAY-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33433 CITY-ST-ZIP <del>1</del> Change ☐ Addition Delete TITLE TITLE SUHANDRON, JOSEPH J-NAME NAME 22412 ENSENADA WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL Chenange ☐ Addition TITLE Suhandron Kerneth 2000 Banks 12002 #222 Morquet, Aonda 33063 Delete TITLE SUHANDRON, KENNETH NAME NAME STREET ADDRESS STREET ADDRESS 441-FEDERAL HWY-C/O DMI CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL ☐ Change Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CYTY-ST-7/P CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/14/00 Date

954956 0066

☐ Change

☐ Addition

Daytime Phone #