

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000012349

1. Entity Name

KR INVESTMENT GROUP, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90835 001 ***150.00

05-19-2000 90835 002 *****8.75

Principal Place of Business

Mailing Address

1888 N UNIVERSITY DR
101 J
PLANTATION FL 33322

1888 N UNIVERSITY DR
101-J
PLANTATION FL 33322-4125

2. Principal Place of Business

3. Mailing Address

KR Investment Group Inc

1888 N University Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101 J

101 J

City & State

City & State

Plantation Fla.

Plantation FLA.

Zip

Country

Zip

Country

33322

FLORIDA

33322

Broward

4. FEI Number

65-0696206

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

COMRIE, RONALD
1888 N UNIVERSITY DR
101 J
PLANTATION FL 33322

Name

RONALD COMRIE

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

424 SW 9 ST

City

FHL

FL

Zip Code

33315

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 of current registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

26-04-00

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS COMRIE, RONALD
CITY-ST-ZIP 1888 N. UNIVERSITY DR. #101 J
PLANTATION FL 33322

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

26-04-00 954236-3880