

FILED  
Apr 02, 2003 8:00 am  
Secretary of State

04-02-2003 90056 028 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000030353

1. Entity Name

KGLOW, INC.



**DO NOT WRITE IN THIS SPACE**

90068123

2. Principal Place of Business  
9 ISLAND AVENUE

3. Mailing Address  
SAME

Suite, Apt. #, etc.  
APT. 1901

Suite, Apt. #, etc.

City & State  
MIAMI BEACH, FLORIDA

City & State

4. FEI Number  
65-0663301

Applied For

Not Applicable

Zip  
33139

Country  
USA

Zip

Country

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

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**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
BREIER, ROBERT G

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

2800 PONCE DE LEON BOULEVARD, SUITE 1125

City  
CORAL GABLES, FL

FL

Zip Code  
33134

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

*Karen Hlogower*

(NOTE: Registered Agent signature required when reinstalling)

3/31/03

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
GLOGOWER, KAREN (D)  
9 ISLAND AVENUE, APT. 1901  
MIAMI BEACH, FL 33139

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Karen Hlogower*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03

DATE

(305) 534-0104

Daytime Phone #

CR2E034B (12/02)