

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90978 013 ***150.00

DOCUMENT # P96000073563

1. Entity Name
K.R.E. INTERNATIONAL INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1310 99 ST
Suite, Apt. #, etc.

3. Mailing Address
1310 99 ST
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BAY HARBOR ISLANDS FL
Zip 33154
Country USA

City & State
BAY HARBOR ISLANDS FL
Zip 33154
Country USA

4. FEI Number
65-0705356

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
KENNETH R. ESKIN
Street Address (P.O. Box Number is Not Acceptable)
1310 99 ST

City BAY HARBOR ISLANDS FL Zip Code 33154

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: _____ (NOTE: Registered Agent signature required when reinstating) 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	P.D. ESKIN, KENNETH R. 1310 99 ST BAY HARBOR IS, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SB ESKIN, ELLSW 1310 99 ST BAY HARBOR IS, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____ KENNETH R. ESKIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 02/28/03 3058 25 9444
Daytime Phone #

CR2E034B (12/02)