


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90195 031 ***150.00

DOCUMENT # P96000081986

1. Entity Name
KUMAR INTERNATIONAL GROUP INC.



Principal Place of Business
**900 N.E. 14TH STREET
FORT. LAUD. FL 33304**

Mailing Address
**900 N.E. 14TH STREET
FORT. LAUD. FL 33304**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
**4700 Valla Rd
Apt 114
Louisville Ky
40213**

City & State
Louisville Ky

Zip
40213

Country
USA



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**MEE, GLENN R ESQ.
517 SW FIRST AVE.
FORT LAUD. FL 33301**

4. FEI Number **65-0699833**

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P ARNEAUD, VERNON 900 N.E. 14TH STREET FORT. LAUD. FL 33304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4700 Valla Rd # 114 Louisville Ky 40213
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Vernon Arneaud** DATE: **2-18-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)