## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P96000084783

**DOCUMENT #** 1. Entity Name

K & H REALTY, INC.

|--|

**FILED** Apr 04, 2003 8:00 am Secretary of State

04-04-2003 90357 001 \*\*\*300.00

|   |                        |   |   |                     |       | GOO WE THE                                  |   |  |             |                        |  |
|---|------------------------|---|---|---------------------|-------|---|---|--|-------------|------------------------|--|
| Principal Place of Business<br>12504 WILES ROAD<br>CORAL SPRINGS FL 33067   |                        | 12504                                   | Mailing Address<br>12504 WILES ROAD<br>CORAL SPRINGS FL 33067 |                     |       |   | 1   122   121   110   121   0 21   1 22   123 | 8# 18#H 8#8H 19 <b>\$</b> B  |             |                        |  |
| 2. Principal Place of Business  |                        |   | 3. Mai  | 3. Mailing Address  |       |   |   |  |             |                        |  |
| Suite, Apt. #, etc.   |                        |   | Suit  | Suite, Apt. #, etc. |       |   |   | ☐ CHECK HERE IF MAKING CHANGES   |             |                        |  |
| City & State  |                        |   | City  | City & State        |       |   |   | 4. FEI Number 65-0700026 Applied For Not Applicable  |             |                        |  |
| Zip   | Zip Country            |   |   | Zip Country         |       |   | 5.  | 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 |   |  |             |                        |  |
|   |                        |   |   |                     |       | Name  |   |  |             |                        |  |
| Labiner, Paul S<br>2255 Glades Road, Suite 422-a  |                        |   |   | Street Address      |       |   | ss (P.O. B  | (P.O. Box Number is Not Acceptable)  |             |                        |  |
| BOCA RATON FL 33431   |                        |   |   |                     |       |   |   |  |             |                        |  |
|   |                        |   |   |                     |       | City  |   |  | Zip Co      | de                     |  |
| 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  |                        |   |   |                     |       |   |   |  |             |                        |  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  |                        |   |   |                     |       |   |   | Election Campaign Financing     Trust Fund Contribution.   |             | 00 May Be<br>d to Fees |  |
|   |                        |   |   |                     | 11,   |   | AC  | L<br>DITIONS/CHANGES TO OFFICERS A   | ND DIRECTOR | RS IN 11               |  |
| TITLE   | D                      | , |   | ☐ Delete            | TITLE |   |   |  | ☐ Change    | Addition               |  |
| NAME  | Kuhn, Steve            |   |   | r Delete            | NAMI  |   |   |  | L., Onlings |                        |  |
| STREET ADDRESS  |                        |   |   |                     |       | ET ADDRESS                                  |   |  |             |                        |  |
| CITY-ST-ZIP   | CORAL SPRINGS FL 33067 |   |   |                     |       | -ST-ZIP                                     |   |  |             |                        |  |
| TITLE   | n                      |   |   | ☐ Delete            | TITLE |   |   |  | ☐ Change    | Addition               |  |
|   | HOLMES, TERI           | RV I                                    |   | CJ Dolote           | NAME  | i   |   |  | onengo      |                        |  |
| STREET ADDRESS  | 12504 WILES F          |   |   |                     | STRE  | T ADDRESS                                   |   |  |             |                        |  |
| CITY-ST-ZIP   | CORAL SPRING           |   |   |                     | CITY  | ST-ZIP                                      |   |  |             |                        |  |
| TITLE   |                        |   |   | Delete              | IIILE |   |   | The second secon | Change      | ☐ Addition             |  |
| NAME  | •                      |   |   |                     | NAME  | :   |   |  |             |                        |  |
| STREET ADDRESS  |                        |   |   |                     | STRE  | ET ADDRESS                                  |   |  |             |                        |  |
| CITY-ST-ZIP   |                        |   |   |                     | CITY- | ST-ZIP                                      |   |  | ,           |                        |  |
| TITLE   |                        | ****                                    |   | ☐ Delete            | TITLE |   |   |  | Change      | Addition               |  |
| NAME  |                        |   |   |                     | NAME  | :   |   |  |             | }                      |  |
| STREET ADDRESS  |                        |   |   |                     | STRE  | ET ADDRESS                                  |   |  |             | Ì                      |  |
| CITY-ST-ZIP   |                        |   |   |                     | CITY- | ST-ZIP                                      |   |  |             | [                      |  |
| TITLE   |                        | <del></del>                             |   | ☐ Delete            | TITLE |   |   |  | ☐ Change    | ☐ Addition             |  |
| NAME  |                        |   |   |                     | NAME  |   |   |  | •           |                        |  |
| STREET ADDRESS  |                        |   |   |                     | STREE | T ADDRESS                                   |   |  |             | ļ                      |  |
| CITY-ST-ZIP   | <u> </u>               |   |   |                     | CITY- | ST-ZIP                                      |   |  |             | [                      |  |
| TITLE   |                        |   |   | ☐ Delete            | TITLE |   |   |  | Change      | Addition               |  |
| NAME  |                        |   |   |                     | NAME  | :   |   |  | •           | {                      |  |
| STREET ADDRESS  |                        |   |   |                     | STREE | T ADDRESS                                   |   |  |             |                        |  |
| CITY-ST-ZIP CIT   |                        |   |   |                     | CITY- | ST-ZIP                                      |   |  |             |                        |  |
| 40  |                        |   | L ALL CITY  | .1                  | 4     |   | o ::  | 440.07(0)(0) (0) (1) (0) (1)   |             | <del> </del>           |  |

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 eath; 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4/2/03

Date

(954)344-4838