2001 UNIFORM	BUSINESS	REPORT	(UBR)

P6192

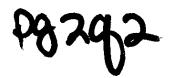
DOCUMENT # P96000090333 FILED Kinetics Laboratory Hanagement, INC. OI FEB 26 PM 1: 36 SECRETARY OF STATE Principal Place of Business Mailing Address 14871 SW 157 ST. TALLAHASSEE FLORIDA 13435 3W 128 ST. suite: 105 FL 33187 Miami. Hiami, FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 05-1076786 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Anthony Serratore 13435 SW 128 ST. STE: 105 Street Address (P.O. Box Number is Not Acceptable) Miami, FL 33186 City Zip Code FL 8. The above named entity symmits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE _ title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to go so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **PID** TITLE Delete TITLE Change Addition Anthony Serratore NAME NAME 14871 5 W 157 ST. STREET ADDRESS STREET ADDRESS 100003818361--1 33187 CITY-ST-ZIP Uiami, FL CITY-ST-ZIP -03/08/01--01028--006 TITLE Delete TiT! 5 Frank Serratore 12661 SW 142 LN. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FL 33187 Miami . TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. Thereby certify that the information supplied with this filling 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 be explicitly the second of the corporation of the receiver or trustee empowered to be empowered. Or on an attachment with an appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Davime Phone *



KINETICS LABORATORY MANAGEMENT, INC. DOC.#P96000090333

TO: DIVISION OF CORPORATION P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS YOU REQUESTED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT.

CORDIALLY,

ANTHONY SERRATORE

PRESIDENT