2000 UNIFORM BUSINESS REPORT (UBR)

indicated on this report or supplemental report is true ar

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of the corporation or the rece changed, or on an attachme

SIGNATURE:

Apr 14, 2000 8:00 am Secretary of State DOCUMENT # **P96000091408** 1. Entity Name KIKO A REAL ESTATE COMPANY 04-14-2000 90001 017 ***150.00 Mailing Address Principal Place of Business 734 N. CRESCENT DRIVE 734 N. CRESCENT DRIVE HOLLYWOOD F: 33021-6169 HOLLYWOOD FL 33021 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0715383 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BARLOW, BENNETT Street Address (P.O. Box Number is Not Acceptable) 734 N.CRESCENT DRIVE HOLLYWOOD FL 33021-6169 Zip Code FL 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE BARLOW, BENNETT NAME NAME STREET ADDRESS STREET ADDRESS 734 N CRESCENT DR CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 69 ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute his repart as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in 13. I hereby certify that the information supplied with this filing

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