

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90037 018 ***150.00

DOCUMENT # P97000006630

1. Entity Name

K L N G BROTHERS CORP

Principal Place of Business

**7925 N.W. 12TH ST., STE. #318
 MIAMI FL 33126**

Mailing Address

**7925 N.W. 12TH ST., STE. #318
 MIAMI FL 33126**

2. Principal Place of Business

6216 SW 8th ST

3. Mailing Address

6216 SW 8th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33144

Country

DADE

Zip

33144

Country

DADE

4. FEI Number

65-0720630

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

KIELING, AIRTON T

**7925 N.W. 12TH ST., STE. #318
 MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name

KIELING, AIRTON

Street Address (P.O. Box Number is Not Acceptable)

6216 SW 8th ST

City

MIAMI

FL

Zip Code

33144

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

Airtion T. Kieling

4-25-02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **KIELING, AIRTON T**
 STREET ADDRESS **7925 N.W. 12TH ST., STE. #318**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **ST** ☐ Delete
 NAME **LAGRECA, LUCIANA**
 STREET ADDRESS **7925 N.W. 12TH ST., STE. #318**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **KIELING, AIRTON T**
 STREET ADDRESS **20533 BISCAYNE BLVD. # N239**
 CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE **ST** ☐ Change ☐ Addition
 NAME **LAGRECA, LUCIANA**
 STREET ADDRESS **20533 BISCAYNE BLVD # N239**
 CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Airtion T. Kieling
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-23-02

Date

Daytime Phone #

CR2E034 (9/01)