2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000012488 KJL DEVELOPMENT, INC.

1. Entity Name Principal Place of Business Mailing Address 2174 NE 170TH ST PO BOX 260880 PEMBROKE PINES FL 33026-7880 SUITE 102 NORTH MIAMI BEACH FL 33162 2.

FILED Jan 20, 2000 8:00 am Secretary of State

01-20-2000 90009 001 ***150.00 01-20-2000 90009 002 *****8.75



US	DENOTITE SOUR		Hi 1 00 11 00 414 00 114 6 1		44Z			
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	65-0732414			lied For Applicable
Zip	Country	Zip	Country	5. Certificate of St	atus Desired		5 Additi	ional
	6. Name and Address of Current I		7. Name and Address of New Registered Agent					
KUNG, JENNIFER 2174 NE 17-TH ST SUITE 102 NORTH MIAMI BEACH FL 33162				Name Kunt JENNI FER Street Address (P.O. Box Number is Not Acceptable)				
			2174 City NORTH		H ST		102 p.Code 33/6	
8. The above	e named entity submits this statement for	nogen de.		ered agent, or both, in		da. 1/7/	00	•
-			!! FEE IS \$150.00 00 Fee will be \$550.00 le to Department of S	will be \$550.00 Trust Fund Contribution Added to I				
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHA	NGES TO OFFIC	ERS AND DIRE	CTORS	IN 11
TITLE NAME STREET ADDRESS CHY-ST-ZIP	D KUNG, JENNIFER 2174 NE 170TH ST SUITE 102 NORTH MIAMI BEACH FL 33162	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				hange 	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUNG, CHIN CHOI 2174 NE 170TH ST #102 NORTH MIAMI BEACH FL 33162	☐ Delete	TITLE NAME. STREET ADDRESS CITY-ST-ZIP			c	hange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			c	hange	☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			c	hange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			c	hange	☐ Addition
TITLE - NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			c	hange -	Addition

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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED N