-2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P97000028834

1. Entity Name

3514 SO. OCEAN DRIVE, INC.

Principal Place of Business C/O KB HOLDINGS 647 E. DANIA BEACH BLVD

Mailing Address

DANIA BEACH FL 33004

C/O KB HOLDINGS 647 E. DANIA BEACH BLVD DANIA BEACH FL 33004-3018

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	1	
City & State	City & State	+	
Zio Country	Zip Country	+	

Mar 30, 2000 8:00 am Secretary of State

03-30-2000 90035 013 ***150.00



DO NOT WRITE IN THIS SPACE

Zip Country		Zip	Country		4. FEI Number 65-0741272 5. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WAGNEF	3 .1			Name	reas (RO Roy Number is Not Acceptable)		

City

(NOTE: Registered Agent signature required when reinstating)

647 E. DANIA BEACH BOULEVARD DANIA BEACH FL 33004

Vame	9									
Street	t Addr	ess (P.	O. Box N	Number	is Not A	Ассер	table)	•		

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

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

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 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

Zip Code

DATE

, -	, -		•			1		
11,	OFFICERS AND DIR	ECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BOULIS, GUS 647 E. DANIA BEACH BOULEVARD DANIA FL 33004	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD	⊠ Change	☐ Addition		
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13. I hereby 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 supplied ental 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 of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO