

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000029240

1. Entity Name
K.T.T.F.D. INC.

Principal Place of Business
C/O THELMA E.S. BRANTLEY
P.O. BOX 681228
MIAMI FL 33168
US

Mailing Address
C/O THELMA E.S. BRANTLEY
P.O. BOX 681228
MIAMI FL 33168
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0739626

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRAFT, SHARON
6800 CODY STREET
HOLLYWOOD FL 33024

Name Shirley McClinton
Street Address (P.O. Box Number is Not Acceptable)
2972 NW 62nd Street
City MIAMI FL Zip Code 33147

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

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

(NOTE: Registered agent's signature required when re-registering)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Delete
NAME	BRANTLEY, THELMA E	
STREET ADDRESS	P.O. BOX 681228 NA/	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	☒ Delete
NAME	Maureen Taylor	
STREET ADDRESS	850 N. Miami Ave, Apt 1305	
CITY-ST-ZIP	Miami, FL 33136	
TITLE	Director	☒ Delete
NAME	Violet Johnson Rump	
STREET ADDRESS	3542 Franklin Ave	
CITY-ST-ZIP	Miami, FL 33133	☐ Delete
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	☐ Change ☒ Addition
NAME	Brook, Mae	
STREET ADDRESS	17310 NW 41 Ave.	
CITY-ST-ZIP	Miami, FL 33055	
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	Director	☐ Change ☒ Addition
NAME	Shirley McClinton	
STREET ADDRESS	2972 NW 62nd Street	
CITY-ST-ZIP	Miami, FL 33147	

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: *Thelma E. Brantley, Pres.* 04/26/01 786 211 7966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Case Daytime Phone

FILED
Aug 22, 2001 8:00 am
Secretary of State

05-11-2001 90047 018 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)