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2002 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # P97000036142  KAM HOLDINGS INC.					<b>R)</b>	FILED Jan 11, 2002 8:00 am Secretary of State 01-11-2002 90016 020 ***150.00			
Principal Place of 1 <del>780 OAKBROOLLONGWOOD FL</del> US	K-DR		Mailing Address  P.O. BOX 959161  LAKE MARY FL 32795				a iliya gʻirar klani i	81818 11881	
2. Principal Place	DELKI	Road	3. Mailing Address 14/1 DEL Suite, Apt. #, etc.	K Rou	<u>/</u>	DO NOT WRITE IN THIS			
Long w	Count	FL	Long wood	FL		FEI Number 59-3445933  Certificate of Status Desired	\$8.75 Add		
32179.	2 7 1/2 6. Name and Add	lress of Current F	3 2 7 7 9、2 7 ¥ 2    egistered Agent	Name		Name and Address of New Registered	Fee Required Agent	d	
ANDERSON \$793-OAKB LONGWOOL	<del>ROOK DR</del> <del>D FL 3277</del> 9	this statement for	the purpose of changing its re	14 City L o	11 K	gent, or both, in the State of Florida.	- 3277	79. 2742	
9. This corpora	tion is eligible to sa juirement and elect				00 50.00	10. Election Campaign Financing		O May Be	
NAME STREET ADDRESS	PD Anderson, Kuf 1793 Oakbroof Ongwood FL	<del>: DR</del>	DIRECTORS  Delete	12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	14//	DEL K Road vocd, FL 3277	Change	☐ Addition	
TITLE NAME STREET ADDRESS	/STD Matela, Krzysz 1 <del>793 Oakbrook</del> Ongwood Fl	TOF OR	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14//	DELK Road wood, FL 3277	<b>A</b> 2113113		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		***************************************	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
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TITLE			☐ Delete	TITLE		*-	☐ Change	Addition	

STREET ADDRESS

GAING OFFICER OR DIRECTOR

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 trostee 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.

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP