

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000038163

1. Entity Name

KKB ENTERPRISES, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90067 015 \*\*\*150.00

Principal Place of Business

7316 MANATEE AVE W #116  
 BRADENTON FL 34209

Mailing Address

7316 MANATEE AVE W #116  
 BRADENTON FL 34209-3441

2. Principal Place of Business

3. Mailing Address

3204 DARTMOUTH LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FLORIDA, FL

Zip

Country

Zip

Country

34239

4. FEI Number

65-0751971

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELLO-BAILEY, KAREN  
 5109 SECOND AVENUE W  
 BRADENTON FL 34209

Name

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

City

FL

Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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**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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELLO-BAILEY, KAREN M 5109 2ND AVENUE WEST BRADENTON FL 34209	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/00 941-728-5131

CR2E034 (9/99)