2001 UNIFORM BUSINESS REPORT (UBR)

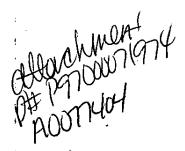
DOCUMENT # P97000071974 1. Entity Name KMP AMALGAMATED, INC. Principal Place of Business 117 N KINGS AVE BRANDON FL 33510 US 2. Principal Place of Business 3105 W: Horatio St. 3. Mailing Address 3105 W: Horatio St.				Secretary of State 07-16-2001 90002 047 ***150.00									
							Suite, Apt. #, etc. Suite, Apt. #, etc. # 2 4			otto 4	DO NOT WRITE IN THIS SPACE		
							City & Stat		City & State TAMPA, CV		4. FEI Number 59-3463490		plied For ,
33 b	09 Country	Zip 37609_	Country NS_= -	5. Certificate of Status Desired	\$8.75 Addi	tional .							
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered									
LAWYER, AMERI 343 ALMERID AVE CORAL GABLES FL 33134			Street Address	Street Address (P.O. Box Number is Not Acceptable)									
			City	Fi	Zip Code	,							
SIGNATURE	named entity submits this statement for signature, typed or printed name of registered agent praction is eligible to satisfy its Intangible	and title if applicable. (NOTE:	egistered office or registr Registered Agent signature requir	ered agent, or both, in the State of Florida. ed when reinstating) DATE 10. Election Campaign Financing	\$5.00								
	requirement and elects to do so. ria on back)	1	2001 Fee will be \$750 e to Department of St	Trust Fund Contribution		May Be to Fees							
11.	OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICERS AN									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KNEER, CHRISTOPHER J 3105 W HORATIO ST, UNIT 24 TAMPA FL 33609	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PIZARRO, JOSE II 633 BACKFIELD ST BRANDON FL 33511	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the second of the second o	☐ Change	Addition							
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Change	Addition							
13. I hereby of indicated of the corrections of the	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an addresal	this filing does not qualify for to true and accurate and that my weeted to execute this report as vitifiall other like empowered.	he exemption stated in S signature shall have the s required by Chapter 60	ection 119.07(3)(i), Florida Statutes. I further or s same legal effect as if made under oath; that I 07, Florida Statutes; and that my name appears	ertify that the inf am an officer of in Block 11 or	ormation or director Block 12 if							

BEOCKRISTOPHER J. KNEW

8/5. 817. 5088 Daytime Phone #

KMP Amalgamated, Inc.

3105 West Horatio St., #24 Tampa, FL 33609 813.877.5088



July 10, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed you will find the 2001 (UBR) along with the filing fee of \$150.00.

This notice is the first that I have received due to a mistake in the mailing address. Please note Block 2 on the UBR and add Suite # 24 to the mailing address.

I spoke with one of your agents at 850.488.9000 and they instructed me to send a check for \$150.00 along with an explanation of the circumstances.

If you have any questions, I can be reached at 813.877.5088.

Sincerely,

Christopher J. Kneer

President