

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

04-28-2002 90776 033 \*\*\*150.00

DOCUMENT # P97000101174

1. Entity Name

.KOMM INVESTMENTS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

777 So Flagler Drive

Suite, Apt. #, etc.

Suite 900 East Tower

3. Mailing Address

14662 Rolling Rock Pl

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Wellington, FL

Zip

33401

Country

usa

Zip

33414

Country

USA

4. FEI Number

65-0809960

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Russell T. Kamradt

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

777 So Flagler Dr.

Suite 900 East Tower

City

West Palm Beach

FL

Zip Code

33401

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
Director  
Orlando, Warren S.  
777 So Flagler Dr, Suite 900  
West Palm Beach, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
Director  
Marino, John  
777 So Flagler Dr., Suite 900  
West Palm Beach, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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CITY-STATE-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Marino

4/15/2002 (561)226-9329

Date

Daytime Phone #

CR2E034B (12/01)