## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 12, 2002 8:00 am Secretary of State DOCUMENT # P97000102856 1. Entity Name 05-12-2002 90561 020 \*\*\*150.00 KGM INVESTMENTS, INC. Principal Place of Business Mailing Address 999 WASHINGTON AVE 999 WASHINGTON AVE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address SCAYNE BILL 2970 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Gity & State & State 4. FEI Number Applied For 65-0800982 Not Applicable Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHRISTENBURY, SHARON ESQ. Street Address (P.O. Box Number is Not Acceptable) 555 NE 15 ST 2ND FLOOR **MIAMI FL 33132** City Zip Code FI 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GALBUT, RUSSELL NAME 2930 Biscayne Blud STREET ADDRESS 999 WASHINGTON AVE STREET ADDRESS Migni FL 33137 CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP TITLE CD ☐ Delete TITLE ☐ Addition NAME KAHN. SONNY NAME 2930 Biscayne Blud Miami FL 33137 STREET ADDRESS 555 NE 15 ST., 2ND FLOOR STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33132** CITY-ST-ZIP Change TITLE ~ □ Delete TITLE ☐ Addition NAME CHRISTENBURY, SHARON NAME 2930 Biscayne Blod STREET ADDRESS 5550NW 15 ST 2ND FLOOR STREET ADDRESS CITY-ST-ZIP MIAMI FL 33132 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME DACHOH, SHLOMO NAME 2930 Bischyne Blud Miami FL 33137 STREET ADDRESS 555 NE 15 ST., 2ND FLOOR STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33132** CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ZDON, JOSEPH NAME NAME 2930 Bischyne Blod Miami FL 33137 STREET ADDRESS 555 NE 15 ST 2ND FLOOR STREET ADDRESS CITY-ST-ZIP MIAMI FL 33132 CITY-ST-ZIP TITLE SVPD ☐ Delete TITLE ☐ Addition NAME MENIN, BRUCE A 2930 Bischyne Blud STREET ADDRESS 555 NE 15 ST 2ND FLOOR STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33132** 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 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 addess, with all other like empowered

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SIGNATURE:

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