

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104916

1. Entity Name  
**KF HOLDING COMPANY**

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90122 001 \*\*\*600.00

Principal Place of Business  
**2600 N.W. 62ND STREET  
HANGAR 20  
FORT LAUDERDALE FL 33309**

Mailing Address  
**2600 N.W. 62ND STREET  
HANGAR 20  
FORT LAUDERDALE FL 33309**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number **65-0810431** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**PUMA, JEFFREY C CPA  
6550 N FEDERAL HWY  
STE 340  
FORT LAUDERDALE FL 33308**

Name  
**Puma, Jeffrey C.**  
Street Address (P.O. Box Number is Not Acceptable)  
**6550 N. Federal Highway**  
**Suite 240**  
City  
**Ft. Lauderdale** FL Zip Code  
**33308**

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  **JEFFREY C PUMA** DATE **1-25-01**

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FICK, KENNETH</b> <b>2600 N.W. 62ND ST. HANGAR 20</b> <b>FORT LAUDERDALE FL 33309</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:  **Ken Fick, President** DATE **3/5/01** DAYTIME PHONE # **(954) 351-1141**

CR2E034 (10/00)