

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

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93638 001 ***600.00

DOCUMENT # **P97000104916**

1. Entity Name

KF HOLDING COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5930 NW 28th Way

Suite, Apt. #, etc.

3. Mailing Address
5901 NW 24th Way

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Fort Lauderdale, FL

Zip
33309

Country
USA

City & State
Fort Lauderdale, FL

Zip
33309

Country
USA

4. FEI Number
65-0810431

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 Puma, Jeffrey C.

Street Address (P.O. Box Number is Not Acceptable)
6550 N. Federal Highway

Suite 240

City Fort 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when terminating)

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 PD
NAME Fick, Kenneth Charles
STREET ADDRESS 2600 NW 62nd Street Hangar 20
CITY - ST - ZIP Fort Lauderdale, FL 33309

TITLE PD
NAME Fick, Kenneth Charles ☒ Change
STREET ADDRESS 5901 NW 24th Way
CITY - ST - ZIP Fort Lauderdale, FL 33309

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**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

4/26/2002 (954) 351-1141