

FILED

03 APR 17 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000104916 1. Entity Name KF HOLDING COMPANY			
Principal Place of Business 5930 N.W. 28TH WAY FORT LAUDERDALE, FL 33309		Mailing Address 5901 N.W. 24TH WAY FORT LAUDERDALE, FL 33309	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	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 PUMA, JEFFREY C CPA 6660 N FEDERAL HWY STE 240 FORT LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if registered agent			
9. Election Campaign Financing Trust Fund Contribution: ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete FICK, KENNETH 6601 N.W. 24TH WAY FORT LAUDERDALE, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(1), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with this report, or on a separate report.			
SIGNATURE: <u>Kenneth Fick</u> 4/2/2003 954351-1141 SIGNATURE AND TITLE OR PRINTED NAME OF AGING OFFICER OR DIRECTOR			

04/07/03 90136 046 150.00



☐ CHECK HERE IF MAKING CHANGES

CPRE034 (10/02)