2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # P98000008587 1. Entity Name K & K ROADS, INC. 01-31-2001 90004 050 ***150.00 Principal Place of Business Mailing Address 46 SW FIRST STREET SUITE 400 46 SW FIRST STREET SUITE 400 MIAM! FL 33130 MIAMI FL 33130 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0826507 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DIAMOND, KEITH D Street Address (P.O. Box Number is Not Acceptable) 46 SW FIRST STREET FOURTH FLOOR MIAMI FL 33130 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DPS Change ☐ Addition □ Delete TITLE TITI F DIAMOND, KEITH NAME NAME STREET ADDRESS 46 SW FIRST STREET SUITE 400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33130 Change ☐ Addition Delete TITLE HARRINGTON, KURT NAME NAME 46 SW FIRST STREET SUITE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33130** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE

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 by 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 ompowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME O