

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 11, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000010971**1. Entity Name
KBC-3, INC.**Principal Place of Business**2900 NE 14TH ST
#902
POMPANO BEACH FL
33060**Mailing Address**2900 NE 14TH ST
#902
POMPANO BEACH FL
33060**2. Principal Place of Business**

4201 NE 24TH AVE.

3. Mailing Address

4201 NE 24TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LIGHTHOUSE POINT FL

City & State

LIGHTHOUSE POINT FL

4. FEI Number**65-0815760**

Applied For

Not Applicable

Zip
33064

Country

Zip
33064

Country

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**CARY KEN III
960 S.E. 10TH CT.POMPANO BEACH FL
33060 US**7. Name and Address of New Registered Agent****Name**

CARY KEN III

Street Address (P.O. Box Number is Not Acceptable)
4201 NE 24TH AVE.City
LIGHTHOUSE POINT**FL**Zip Code
33064

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 _____ **04/11/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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**TITLE DP ☐ Delete
NAME CARY KEN III
STREET ADDRESS 960 S.E. 10TH CT.
CITY-ST-ZIP POMPANO BEACH FL 33060TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE DP ☒ Change ☐ Addition
NAME CARY KEN III
STREET ADDRESS 4201 NE 24TH AVE
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH B. CARY III**PRES****04/11/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)