## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 23, 2000 8:00 am Secretary of State DOCUMENT # P98000011011 KON'S IMAGINATION CORP. 05-23-2000 90226 014 \*\*\*150.00 Mailing Address Principal Place of Business 1876 N. UNIVERSITY DR 1876 N. UNIVERSITY DR SUITE 302 SUITE 302 PLANTATION FL 33322-4126 PLANTATION FL 33322 2. Principal Place of Business 3. Mailing Address 8681 VIA GILL Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number -<del>85 0893623</del>-Not Applicable DCA KA 05-08936 \$8.75 Additional 5. Certificate of Status Desired Èee.Required 🛶 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent IVANT FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132 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, typed or printed name of registered agent and title if applicable. DATE (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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П 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. DUTA, JULIUS WVANT 8681 VIA GIULA ☐ Addition Change TITLE ☐ Delete TITLE VIVANT, JULIUS NAME 1749 E. HALLENDALE BCH BLVD. #272 STREET ADDRESS STREET ADDRESS BOCA KATON FL 33486 HALLANDALE FL 33009 CITY-ST-ZIP CITY-ST-7/P ☐ Addition Change Delete TITLE TITLE DUTA, LACKAMIOARA 8681 VIAGIULA LACRIMIDARA, DUTA NAME NAME 1749 E. HALLANDALE BCH BLVD. #272 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME • STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

an address, with all other like empowered changed, or on an attachmer 

SIGNATURE:

TLIFE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR