04/27/2001 12:54 9549734799 KWANDO

FILED
May 17, 2001 8:00 am
Secretary of State
05-17-2001 91292 039 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

A00067962

DOCUMENT # P98000025797

1. Entity Name

KWANDO, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2400 E. COMMERCIAL BLVD # 315 FORT LAUDERDALE FL 33308	2400 E. COMMERCIAL BLVD # 315 FORT LAUDERDALE FL 33308-4202

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number APPLIED FOR 65-0945612 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GORE, LAURENCE D ESQ 2400 E COMMERCIAL BLVD STE 709 FORT LAUDERDALE FL	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required on reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VAN VUUREN, PIERRE 2801 N COURSE DRIVE, #G204 POMPANO BEACH FL 33069 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VAN RHYN, TERTIUS 2801 N COURSE DRIVE, #G204 POMPANO BEACH FL 33069 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD VAN RHYN, JENNIFER 2801 N COURSE DRIVE, #G204 POMPANO BEACH FL 33069 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD VAN VUUREN, CHARMA 2801 N COURSE DRIVE, #G204 POMPANO BEACH FL 33069 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAN VUUREN, DIONNE 2801 N COURSE DRIVE, #G204 POMPANO BEACH FL 33069 ☑ Delete	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

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: _____ 04-27-01 (239) 459 6962
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN BY OFFICER OR DIRECTOR — Date — Daytime Phone #