

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90083 023 ***150.00

DOCUMENT # P98000028636

1. Entity Name

K C PRESTIGE HOMES, INC.

Principal Place of Business

Mailing Address

2919 EAST COMMERCIAL BOULEVARD
 SUITE A
 FT. LAUDERDALE FL 33308

2919 EAST COMMERCIAL BOULEVARD
 SUITE A
 FT. LAUDERDALE FL 33308-4207



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2800 E Commercial Blvd
 Suite, Apt. #, etc.
Ste 208

2800 E Commercial Blvd
 Suite, Apt. #, etc.
Ste 208

City & State
St. Lauderdale

City & State
St. Lauderdale

4. FEI Number **65-0825967**

Applied For
 Not Applicable

Zip *33308* Country

Zip *33308* Country

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

KATZ, ALLEN H P.A.
 2919 EAST COMMERCIAL BOULEVARD
 SUITE A
 FT. LAUDERDALE FL 33308

Name
2800 E. Commercial Blvd
Ste 208
St. Lauderdale FL 33308

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)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	VS HOLL, GAIL	12389 SW 1ST STREET	CORAL SPRINGS FL 33071	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]* VS. Date: *3/22/00* Daytime Phone #: *954/684-2950*

CR2E034 (9/99)