

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000094928**

1. Entity Name

KERD MANAGEMENT COMPANY

Principal Place of Business

**11601 BISCAYNE BLVD., SUITE 200C
MIAMI FL 33181**

Mailing Address

**11601 BISCAYNE BLVD., SUITE 200C
MIAMI FL 33181-3151**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0918723

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**AUGUST, GUS
4000 TOWERSIDE TERR., #PH-12
MIAMI FL 33161**

7. Name and Address of New Registered Agent

Name **AUGUST, GUS**

Street Address (P.O. Box Number is Not Acceptable)

11601 BISCAYNE BOULEVARD**SUITE 200C**City **MIAMI****FL**Zip Code
33181

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

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, 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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	AUGUST, GUS	
STREET ADDRESS	11601 BISCAYNE BLVD., SUITE 200C	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BAUM, TRACI	
STREET ADDRESS	1509 MCFARLANE ROAD	
CITY-ST-ZIP	COLVILLE WA 99114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Traci Baum is Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3/6/00**
Date**509 684 6326**
Daytime Phone #**FILED****Mar 09, 2000 8:00 am**
Secretary of State

03-09-2000 90091 016 ***150.00

C0034935

DO NOT WRITE IN THIS SPACE

CH2E034 (9/99)