

2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # P98000094928
1. Entity Name
KERD MANAGEMENT COMPANY

FILED

01 OCT -5 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
11601 BISCAYNE BOULEVARD, SUITE 200 C MIAMI, FL 33181-3151			
2. Principal Place of Business		2. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AUGUST, GUS 11601 BISCAYNE BOULEVARD, SUITE 200 C MIAMI, FL 33181		NAME AUGUST, BRUCE Street Address (P.O. Box Number is Not Acceptable) 11601 BISCAYNE BOULEVARD SUITE 200 C 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]

Signature, valid to printed name of registered agent and fee is applicable

(NOTE: Registered agent signature required when renewing)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirements and elects to do so
(See creeds on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$350.00

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	PSD AUGUST, GUS 11601 BISCAYNE BOULEVARD, 200C MIAMI, FL 33181 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM AUGUST, GUS ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAUM, TRACI 1504 Mc FARLANE ROAD COLVILLE, WA 99114 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700004645487-5 -10/19/01--01032--030 *****61.50 *****61.50 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUGUST, ART 11601 BISCAYNE BLVD, #200C MIAMI, FL 33181 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS AUGUST, BRUCE 11601 BISC. BLVD., SUITE 200 C MIAMI, FL 33181 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T August, Louise 11601 Biscayne Blvd, Suite 200C Miami, FL 33181 ☐ 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 807, 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 filers empowered.

SIGNATURE:

[Signature]

10/13/01