2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000103373** Feb 08, 2000 8:00 am **Secretary of State** KILLIAN GROVE PROPERTIES, INC. 02-08-2000 90149 032 ***150.00 Mailing Address Principal Place of Business 11790 SW 89TH STREET 11790 SW 89TH STREET MIAMI FL 33186-2166 MIAMI FL 33186-2165 HHHIIZATY 3. Mailing Address 2. Principal Place of Business Dixie Hwu SO. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. . 900 ste. 900 Applied For City & State 4. FEI Number City & State 65-0890531 Not Applicable amCountry 51 Country \$8.75 Additional 5. Certificate of Status Desired u.sa Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GREENBERG, JEFFREY M 900 11790 SW 89TH STREET MIAMI FL 33186-2166 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 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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition □ Delete TITLE TITLE Greenberg, Jeggrey M NAME NAME GREENBERG, JEFFREY M 9700 SO. DIXIE HWY. Ste. 900 STREET ADDRESS STREET ADDRESS 11790 SW 89TH STREET CITY-ST-ZIP CITY-ST-ZIP MIami, FL 33156 MIAMI FL 33186-2166 ☐ Change ☐ Addition TITI F □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP D.Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 supplier ental 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: \

Daytime Phone :

OF TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR