

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90151 001 ***150.00

DOCUMENT # P99000007298

1. Entity Name
 KWAM GROUP CORP.

Principal Place of Business
 134 Hialeah Drive
 Hialeah, Florida 33010
 Mailing Address
~~7946 East Drive #210~~
 North Bay Village FL 33141

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

3. Mailing Address
 134 Hialeah Drive
 Suite, Apt. #, etc.
 City & State
 Hialeah Florida
 Zip
 33010
 Country
 U.S.A.

4. FBI Number 65-0889330
 Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LAM, TAMARA S.
~~7946 East Drive #210~~
 North Bay Village FL 33141

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 134 Hialeah Drive
 City Hialeah FL Zip Code 33010

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) ☐

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

11. OFFICERS AND DIRECTORS		
TITLE	DP	☐ Delete
NAME	LAM, TAMARA S.	
STREET ADDRESS	7946 East Drive #210	
CITY-ST-ZIP	North Bay Village FL 33141	
TITLE	DVPS	☐ Delete
NAME	GONZALEZ, FERNANDO	
STREET ADDRESS	7920 West Drive #9	
CITY-ST-ZIP	North Bay Village FL 33141	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 4/28/00 (305) 360-9139