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

## May 16, 2000 8:00 am Secretary of State DOCUMENT # P99000017694 KSM HOLDINGS, INC. 05-16-2000 90130 016 \*\*\*150.00 Mailing Address Principal Place of Business 7730 ATLANTA STREET 7730 ATLANTA STREET HOLLYWOOD FL 33024-2510 HOLLYWOOD FL 33024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-090440 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DURHAM, SYNNOTT B Street Address (P.O. Box Number is Not Acceptable) 7730 ATLANTA STREET HOLLYWOOD FL 33024 Zip Code City FL 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) 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. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Change Addition TITI F TITLE ☐ Delete SMEDAL, CARL G NAME NAME STREET ADDRESS STREET ADDRESS 1100 NW 75TH AVENUE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33313 ☐ Chance ☐ Addition TITLE ☐ Delete TITLE DURHAM, SYNNOTT B NAME NAME STREET ADDRESS STREET ADDRESS 7730 ATLANTA STREET CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33024 ☐ Addition Change ☐ Delete TITLE TITLE HSU. TZU JEN NAME NAME: STREET ADDRESS STREET ADDRESS 2ND FLOOR NO. 45, LANE 84, SECTION 3 CITY-ST-ZIP CITY-ST-ZIP TAIPEI, TAIWAN, R.O.C. OC Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filling 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR