

2000 UNIFORM BUSINESS REPORT (UBR)

9/8/00-90008-035-\$150.00-\$150.00

10FZ

DOCUMENT # P99000022716

1. Entity Name

K.M.K. INC.

Principal Place of Business

440 S. FEDERAL HWY SUITE #106
DEERFIELD BEACH FL 33441

Mailing Address

440 S. FEDERAL HWY SUITE #106
DEERFIELD BEACH FL 33441

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUECHA, KRYSTINE M
390 S.E. 28TH AVE.
POMPANO BCH FL 33062

Name

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

City

FL

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.

(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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
President
Krystine M. Kuecha-Wentworth
440 S. Federal Hwy #106
Deerfield Bch, FL 33441

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(f), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-20-2000

Date

Daytime Phone #

954-421-3858

CR2E034 (5/00)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
00 SEP 25 PM 12:55



DO NOT WRITE IN THIS SPACE

B S N Therapies
440 S. Federal Hwy.
Suite 108
Deerfield Beach, Florida 33441
Phone 854-421-9858

K.M.K. Inc.

Attachment 20F2
DU084516
0#P99000022716

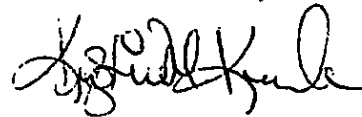
August 22, 2000

Florida Department of State
Division of Corporations

Re: Document #P99000022716

I recently received the corporate filing document due 9/13/2000. I do not have a record of receiving the previous filing booklet earlier this year which may be due to a temporally crippling injury that I was inflicted with in March. I, due to this injury, had to shut down my business for nearly 2 1/2 months and it is during this time that I believe that the original filing form was either misplaced or overlooked. I did recently call regarding this situation and was informed that you may be willing to accept my payment for the original amount due in May. I have enclosed medical documents to verify the information represented in this letter. Please accept my \$150.00 filing fee for the 2000 calender year.

Sincerely,



Krystine M. Kuecha
president K.M.K. Inc.