

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**  
 03-03-2000 90201 032 \*\*\*150.00

**DOCUMENT # P99000024486**

1. Entity Name  
**KAWA ADVERTISING AGENCY, INC.**

Principal Place of Business <b>6144 N.W. 24TH STREET                  BOCA RATON FL 33434</b>	Mailing Address <b>6144 N.W. 24TH STREET                  BOCA RATON FL 33434-4313</b>
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**817719**



2. Principal Place of Business <b>714 East Palmetto Pk Rd.</b> Suite, Apt. #, etc.	3. Mailing Address <del>714 East Palmetto Pk Rd.</del> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>BOCA RATON FL</b>	City & State	FEI Number <b>65-090-2098</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33432</b>	Country <b>USA</b>	Zip	Country

6. Name and Address of Current Registered Agent <b>KAWA, TRACY F                  6144 N.W. 24TH STREET                  BOCA RATON FL 33434</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 Tracy Kawa TRACY KAWA President  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KAWA, TRACY F</b> <b>6144 N.W. 24TH STREET</b> <b>BOCA RATON FL 33434</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Tracy Kawa TRACY KAWA 2-24-00 561-417-6170  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)