# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 13, 2002 8:00 AM**
**Secretary of State**

DOCUMENT# P99000026912

**Entity Name:** KICKPUNCH, INC.

**Current Principal Place of Business:**

20533 BISCAYNE BLVD SUITE #N309
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

20533 BISCAYNE BLVD SUITE #N309
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number: 65-1010816** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HIGER, MICHAEL
MINTZ TRUPPREAN CLEIN & HIGER
1700 SANS SOUCI BLVD
N MIAMI, FL 33181 US

**Name and Address of New Registered Agent:**

HIGER, MICHAEL
MINTZ TRUPPMAN CLEIN & HIGER
1700 SANS SOUCI BLVD
N MIAMI, FL 33181 US

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: _____ 03/13/2002
Electronic Signature of Registered Agent — Date

**This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: HIGER, ROBRTA
Address: 20533 BISCAYNE BLVD SUITE #N309
City-St-Zip: AVENTURA, FL 33180

Title: VD ( ) Delete
Name: GARROWAY, SHARON
Address: 20533 BISCAYNE BLVD SUITE #N309
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: HIGER, ROBERTA
Address: 20533 BISCAYNE BLVD SUITE #N309
City-St-Zip: AVENTURA, FL 33180

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTA M. HIGER PD 03/13/2002
Electronic Signature of Signing Officer or Director — Date