

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90002 028 ***150.00

DOCUMENT # P99000051665

1. Entity Name

KWD Group, Inc. ✓

Principal Place of Business

Mailing Address

371 S.E. 11 Street
 Pompano Bch, Fl. 33060

2. Principal Place of Business

371 S.E. 11 St.

3. Mailing Address

371 SE 11 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Pompano Bch, Fl.

City & State
 Pompano Bch, Fl.

4. FEI Number
 65-0952558

Applied For
 Not Applicable

Zip
 33060

Country
 USA

Zip
 33060

Country
 USA

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

Sue Macleod
 371 SE 11 St.
 Pompano Bch, Fl. 33060

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

TITLE	President <input type="checkbox"/> Delete
NAME	Sue Macleod
STREET ADDRESS	371 S.E. 11 St
CITY-ST-ZIP	Pompano Bch, Fl. 33060
TITLE	Vice President <input type="checkbox"/> Delete
NAME	Sue Macleod
STREET ADDRESS	371 S.E. 11 St
CITY-ST-ZIP	Pompano Bch, Fl. 33060
TITLE	Secretary <input type="checkbox"/> Delete
NAME	Sue Macleod
STREET ADDRESS	371 SE. 11 St
CITY-ST-ZIP	Pompano Bch, Fl. 33060
TITLE	Treasurer <input type="checkbox"/> Delete
NAME	Sue Macleod
STREET ADDRESS	371 SE. 11 St
CITY-ST-ZIP	Pompano Bch, Fl. 33060
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (9/99)

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:

Susan P. Macleod Susan P. Macleod 5/1/00 954-782-9689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #