## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 07, 2000 8:00 am Secretary of State DOCUMENT # **P99000074037** 1. Entity Name K&G AMERICA TRADING, INC. 04-07-2000 90054 002 \*\*\*150.00 Principal Place of Business Mailing Address 7400 NW 7TH STREET, STE 105 7400 NW 7TH STREET, STE 105 MIAMI FL 33126-2943 MIAMI FL 33126 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0942176 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAMAAN, GEORGE Street Address (P.O. Box Number is Not Acceptable) 7400 NW 7TH STREET, STE 105 MIAMI FL 33126 Zip Code City 8. The above named entity submits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida mosson. ent 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition **PSTD** ☐ Delete ☐ Change TITLE NAME SAMAAN, GEORGE NAME STREET ADDRESS STREET ADDRESS 7713 N. KENDAL DR. APT. A-112 CITY-ST-ZIP CITY - ST-ZIP MIAMI FL 33156 ☐ Change Addition ☐ Delete TITLE TITLE ٧D NAME NAME MATA. JESUS R STREET ADDRESS STREET ADDRESS 13371 SW 153RD ST., UNIT 1105 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33177** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY\_ST\_7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/2000 (305) 265-0440

Daytime Phone #

CR2F034 (9/99)