

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90079 025 ***150.00

DOCUMENT # P99000085053

1. Entity Name

K.M.E., INC.

Principal Place of Business

**801 WEST OAKLAND PARK BLVD. C5
FORT LAUDERDALE FL 33311**

Mailing Address

**801 WEST OAKLAND PARK BLVD. C5
FORT LAUDERDALE FL 33311**

14416

14416

2. Principal Place of Business

14416 S. MILITARY TRAIL

3. Mailing Address

14416 S. MILITARY TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BAY No. 10/11

BAY No. 10/11

City & State

City & State

DELRAY BEACH, FLORIDA

DELRAY BEACH, FLORIDA

Zip

Country

33484 UNITED STATES

Zip

Country

33484 UNITED STATES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRUKOWSKI, MAREK

**801 WEST OAKLAND PARK BLVD. C5
FORT LAUDERDALE FL 33311**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **KRUKOWSKI, MAREK**
STREET ADDRESS **801 WEST OAKLAND PARK BLVD. C5**
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE **D** ☒ Change ☐ Addition
NAME **KRUKOWSKI MAREK**
STREET ADDRESS **9872 LIBERTY COURT**
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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)(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:

Marek Krukowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAREK KRUKOWSKI

03/30/01

Date

954-6323915

Daytime Phone #

CR2E034 (10/00)