2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P99000090876** Jun 09, 2000 8:00 am 1. Entity Name THE KDL GROUP, INC. **Secretary of State** 06-09-2000 90026 049 ***150.00 Mailing Address Principal Place of Business 2699 STIRLING ROAD SUITE A-201 2699 STIRLING ROAD SUITE A-201 FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312-6583 2. Principal Place of Business 3. Mailing Address NW 20th Ave DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 75-1958557 LAUDERDALE ALLOLRDALL Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent DENISE -HORGAN-FLORIDA REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 2699 STIRLING ROAD SUITE A-201 FT LAUDERDALE FL 33312 33309 FT. LAUDER DALL 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 (FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, **M** Addition TITLE TITLE Delete KENNETH W. HORGAN 2351 NW 33ªD ST. #510 COTTON, LEN NAME NAME STREET ADDRESS 2351 NW 33RD ST #510 STREET ADDRESS OAKLAND PARK, FL 33309 CITY-ST-ZIP CITY-ST-ZIP OAKLAND PARK FL 33309 ☐ Change ☐ Addition Delete TITLE TITLE HORGAN, DENISE NAME STREET ADDRESS STREET ADDRESS 2351 NW 33RD ST #510 CITY-ST-ZIP CITY-ST-ZIP OAKLAND PARK FL 33309 ☐ Change Addition □ Delete MANIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

ENISE M. HORGAN 5,