

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106189

1. Entity Name
K & M VARIETY STORE, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State
04-14-2000 90116 021 ***150.00

Principal Place of Business NE 149 ST. MIAMI FL 33181	Mailing Address 1941 NE 149 ST. NORTH MIAMI FL 33181
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Principal Place of Business 497 NE 167 STREET	3. Mailing Address 497 NE 167 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NORTH MIAMI BEACH, FL	City & State NORTH MIAMI BEACH, FL
Zip 33162	Country USA
Zip 33162	Country USA

4. FEI Number 65-0964404	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, JOHN
1941 NE 149 ST.
NORTH MIAMI FL 33181

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)
497 NE 167 STREET

City **NORTH MIAMI BEACH** FL **33162**

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 *John Brown* DATE **Feb. 8, 2000**

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**

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
ADDRESS	ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PSTD	BROWN, JOHN		STREET ADDRESS		
1941 NE 149 ST.			CITY-ST-ZIP		
NORTH MIAMI FL 33181					
ADDRESS	ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	ST-ZIP	<input type="checkbox"/> Delete	STREET ADDRESS		
ADDRESS	ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP		
ADDRESS	ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	ST-ZIP	<input type="checkbox"/> Delete	STREET ADDRESS		
ADDRESS	ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP		
ADDRESS	ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	ST-ZIP	<input type="checkbox"/> Delete	STREET ADDRESS		
ADDRESS	ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP		

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 contained 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: *John Brown* P/S/T/D Feb. 8, 2000 (305) 653-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)