

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90311 010 \*\*\*150.00

DOCUMENT # P99000106938

1. Entity Name

K+G IMPORT SOLUTIONS INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5957 WESTGATE DR #1914

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 617260

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL

City & State

ORLANDO, FL

4. FEI Number

65-0974269

Applied For

Not Applicable

Zip

3283-5

Country

USA

Zip

3286-1

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

THOMAS J. HUMANEK

Street Address (P.O. Box Number is Not Acceptable)

1417-3 DEL PRADO BLVD

SUITE 159

City

CAPE CORAL

FL

Zip Code

33990

**DO NOT WRITE  
IN THIS SPACE**

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

THOMAS J. HUMANEK

Signature, typed or printed name of registered agent, and title if applicable.

Thomas J. Humaneck

(NOTE: Registered Agent signature required when reinstating)

DATE

2/8/02

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PRES.  
NAME ALLYN GIRLING  
STREET ADDRESS 2550 W 74TH ST  
CITY-ST-ZIP MIAMI, FL 33016

TITLE  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Allyn Girling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/02

Date

407-313-1928

Daytime Phone #

CR2E034B (12/01)