## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jun 23, 2000 8:00 am Secretary of State DOCUMENT # P99000109415 KC & CK. INC. 05-31-2000 90025 033 \*\*\*150.00 Principal Place of Business Mailing Address 19555 EAST COUNTRY CLUB DRIVE, NO. 602 19655 EAST COUNTRY CLUB DRIVE, NO. 602 AVENTURA FL 33180 AVENTURA FL 33180 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State EIN-65 Not Applicable Country \$8.75 Additional Zip Ζip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KOZULIN, CARMELA Street Address (P.O. Box Number is Not Acceptable) 19555 EAST COUNTRY CLUB DRIVE, NO. 602 **AVENTURA FL 33180** Zip Code City 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 Piorida. SIGNATURE Signature, typed or primed name of registered agent and title if applicable. DATE (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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change Delete IME TITLE CZERTOK, KHIRA NAME NAME STREET ADDRESS 19701 EAST COUNTRY CLUB DRIVE, NO. 602 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33180** Change ☐ Addition Defete TITLE KOZULIN, CARMELA NAME NAME 19555 EAST COUNTRY CLUB DRIVE, NO. 602 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **AVENTURA FL 33180** CITY-ST-ZIP Addition Change ☐ Delete TETLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP---CITY ST-ZIP Addition Change TITLE ☐ Delete TITLE 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 ☐ Addition ☐ Change TITLE Dølete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: (1) RME((A)

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