

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

DOCUMENT # *99 000 109415*  
1. Entity Name *KC ~~AND~~ CN, INC*

FILED

02 SEP -9 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <i>2841 NE 185 ST</i>		3. Mailing Address <i>SAME</i>	
Suite, Apt. #, etc. <i>BLDG 510</i>		Suite, Apt. #, etc.	
City & State <i>AVENTURA, FL</i>		City & State	
Zip <i>33180</i>	Country <i>US</i>	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <i>65-0988541</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <i>LINDA K. THORSEN</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>4350 OAKES RD SUITE 500</i>	
City <i>FT. LAUDERDALE</i>	Zip Code <i>FL 33314</i>

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 *Linda K. Thorsen* DATE *9/6/02*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
NAME	<i>PRESIDENT + DIRECTOR</i>	NAME	<i>KATHA CZECHOK</i>
STREET ADDRESS	<i>2841 NE 185 ST</i>	STREET ADDRESS	<i>700007691517--5</i>
CITY-ST-ZIP	<i>AVENTURA FL 33180</i>	CITY-ST-ZIP	<i>-09/12/02--01010--016</i>
TITLE	<i>D.</i>	TITLE	<i>****150.00 ****150.00</i>
NAME	<i>ERIK ENGEBRATSEN</i>	NAME	
STREET ADDRESS	<i>19701 EAST COUNTRY CLUB DR.</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>4608 AVENTURA, FL 33180</i>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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: *[Signature]* DATE *9/6/2002* DAYTIME PHONE # *305-215-08-04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

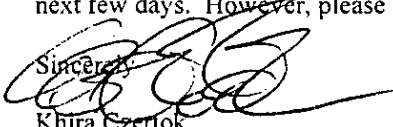
CR2E034B (12/01)

Regarding Corporation Name: KC & CK, Inc.  
Document Number P99000109415

Gentlemen:

This corporation never received a preprinted Form UBR for the year 2002 do to an address change and a dispute between shareholders. It is requested that the corporation be allowed to file a corrected UBR by internet if it is at all possible. The resident agent has resigned as well as resigning as an officer and director. A letter will follow by certified mail within the next few days. However, please reply via e-mail to the sender of this e-mail-our new accountant.

Sincerely,



Khira Czertok  
President, Director.

\* → Our new address is c/o Khira Czertok, Centergate Aventura, 2841 NE 185 St, Bldg 510, Aventura, FL 33180