

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 12, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000109961**1. Entity Name
KELLY BROCK ENTERPRISES, INC.**Principal Place of Business**846 MICHIGAN AVENUE
SUITE 1
MIAMI BEACH
33139

FL

Mailing Address846 MICHIGAN AVENUE
SUITE 1
MIAMI BEACH
33139

FL

2. Principal Place of Business
1337 EUCLID AVENUE**3. Mailing Address**
1337 EUCLID AVENUESuite, Apt. #, etc.
SUITE 101Suite, Apt. #, etc.
SUITE 101City & State
MIAMI BEACH

FL

City & State
MIAMI BEACH

FL

Zip
33139Country
USZip
33139Country
US4. FEI Number
65-0968801Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**BROCK KELLY**
1337 EUCLID AVE., APT 101MIAMI BEACH
33139

FL

US

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 _____ **02/12/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE D ☐ Delete
NAME **BROCK KELLY**
STREET ADDRESS **846 MICHIGAN AVENUE SUITE 1**
CITY-ST-ZIP **MIAMI BEACH FL 33139**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE D ☒ Change ☐ Addition
NAME **BROCK KELLY J**
STREET ADDRESS **1337 EUCLID AVENUE SUITE 101**
CITY-ST-ZIP **MIAMI BEACH FL 33139**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Kelly James Brock

D

02/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)