

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V47147

1. Entity Name

KMA, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90183 039 ***150.00

Principal Place of Business

2856 NW 29 ST
FT LAUDERDALE FL 33311
US

Mailing Address

2856 NW 29 ST
FT LAUDERDALE FL 33334-5605
US

601662



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4711 NE 16 AVE.

3. Mailing Address

4711 NE 16 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oakland Park, FL.

City & State

Oakland Park, FL.

4. FEI Number

65-0330304

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEE, GLENN R.
517 SW 1 AVE
FT LAUDERDALE FL 33301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WANISH, CRAIG
2856 NW 29 ST
FT LAUDERDALE FL 33311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/2000 489-3686 (954)

CR2E034 (9/99)