

2001 UNIFORM BUSINESS REPORT (UBR)

4/17

FILED
May 05, 2001 8:00 am
Secretary of State

04-17-2001 90032 012 ***150.00

DOCUMENT # **P96000057912**
 1. Entity Name
KBVH Inc.

Principal Place of Business Mailing Address
2760 White wing Ln. **SAME**
WEST PALM Bch, FL 33409

2. Principal Place of Business 3. Mailing Address
SAME **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number
65-0739453
 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CHAIMONWICZ BERNARD
2980 West TRADE AVE.
COCONUT GROVE, FL 33133

7. Name and Address of New Registered Agent
 Name: **MARK W. KOCH**
 Street Address (P.O. Box Number is Not Acceptable)
1822 Breakers West Ct.
 City: **West Palm Beach** FL Zip Code: **33411**

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: Mark W Koch DATE: 4/27/01
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)
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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		<input type="checkbox"/> Delete
TITLE NAME	P.S. MARK W. KOCH	<input type="checkbox"/> Delete
STREET ADDRESS	1822 Breakers West Ct.	
CITY-ST-ZIP	West Palm Beach FL 33411	
TITLE NAME	VP. + MARILYN KOCH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2760 White wing Lane	
CITY-ST-ZIP	West Palm Beach FL 33409	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME	VP. + Stephanie Finley Koch	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	1822 Breakers West Ct		
CITY-ST-ZIP	West Palm Beach FL 33411		
TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: Mark W. Koch Date: 4/5/01 Daytime Phone #: 561-286-5762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)