

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90094 019 ***550.00

DOCUMENT # F94000006028

1. Entity Name

KAMINO INTERNATIONAL TRANSPORT, INC.

Principal Place of Business

10813 NW 50 ST
 STE 100
 MIAMI FL 33172

Mailing Address

145 AVE & HOOK CREEK BLVD
 VALLEY STREAM NY 11581

2. Principal Place of Business

10813 NW 30th St

3. Mailing Address

Suite, Apt. #, etc.

Suite 100

City & State
 MIAMI FL

Zip Country
 33172 USA

4. FEI Number 22-2121823

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

80138981



6. Name and Address of Current Registered Agent

APPLEGATE, ROY
 10813 NW 30TH STREET
 STE 100
 MIAMI FL 33172

7. Name and Address of New Registered Agent

Name APPIEGAR, ROY
 Street Address (P.O. Box Number is Not Acceptable)
 10813 NW 30th St
 Suite 100
 City MIAMI FL Zip Code 33172

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 PCD
 NAME KRETSCHMER, KLAUS
 STREET ADDRESS 145TH AVE HOOK CREEK BLVD
 CITY-ST-ZIP VALLEY STREAM NY 11581 ☐ Delete

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

TITLE T
 NAME RIORDAN, DENNIS
 STREET ADDRESS 145 AVE & HOOK CREEK BLVD
 CITY-ST-ZIP VALLEY STREAM NY 11581 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 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 REQUIRED

9/10/02

Date

Daytime Phone #

CR2E034 (4/02)