

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90202 001 ***150.00

0312688 AV

DOCUMENT # P02000033810

1. Entity Name
KANAMM INVESTMENTS, INC.



Principal Place of Business
13360 S.W. 78TH ST
MIAMI FL 33183

Mailing Address
13360 S.W. 78TH ST
MIAMI FL 33183

2. Principal Place of Business
50 W 22 ST

3. Mailing Address
50 W 22 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hialeah, FL

City & State
Hialeah, FL

4. FEI Number
75-3053714

Applied For
Not Applicable

Zip
33010

Country
USA

Zip
33010

Country
USA

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

6. Name and Address of Current Registered Agent

ROMERO, MARIA-T
13360 S.W. 78TH ST
MIAMI FL 33183

7. Name and Address of New Registered Agent

Name
Gladys Leizan

Street Address (P.O. Box Number is Not Acceptable)
7532 SW 135 PL

City
Miami

FL **Zip Code**
33183

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
Gladys Leizan - Office Mgr.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROMERO, MARIA T 13360 S.W. 78TH ST MIAMI FL 33183	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ROMERO, MARCOS R 13360 S.W. 78TH ST MIAMI FL 33183	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 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
SCARLETTA ROMERO

4-24-03

305-388-3704

Date

Daytime Phone #

CR2E034 (10/02)