

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90033 010 \*\*\*158.75

0225098 AV

**DOCUMENT # P98000065325**  
 1. Entity Name  
**KYO TRADING CORP.**

Principal Place of Business      Mailing Address  
~~4220 PINE TREE DRIVE~~      ~~4220 PINE TREE DRIVE~~  
~~MIAMI FL 33140~~      ~~MIAMI FL 33140~~  
 US      US



2. Principal Place of Business      3. Mailing Address  
**5777 PINETREE DR.**      **5777 PINETREE DR.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State      City & State  
**MIAMI BEACH, FL.**      **MIAMI BEACH**  
 Zip      Country      Zip      Country  
**33140**           **33140**           US      US

4. FEI Number      Applied For  
**65-0852116**      Not Applicable  
 5. Certificate of Status Desired      \$8.75 Additional Fee Required  
**A**     

6. Name and Address of Current Registered Agent  
**VILLALBA, JOSE S**  
~~4220 PINETREE DRIVE~~  
~~MIAMI FL 33140~~

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**5777 PINETREE DR.**  
 City      State      Zip Code  
**MIAMI BEACH      FL      33140**

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 \_\_\_\_\_ (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, 2002 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	
TITLE	<input type="checkbox"/> Delete
NAME	<b>P VILLALBA-BECTRAN, JOSE S</b>
STREET ADDRESS	<del>4220 PINE TREE DRIVE</del>
CITY-ST-ZIP	<del>MIAMI FL 33140</del>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>5777 PINETREE DR.</b>
CITY-ST-ZIP	<b>MIAMI BEACH, FL. 33140</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>S.B. VERA JUDITH REDONDO</b>
STREET ADDRESS	<b>5777 PINETREE DR.</b>
CITY-ST-ZIP	<b>MIAMI BEACH, FL. 33140</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: X Vera Judith Redondo      Date: 03/14/02      Telephone: (305) 866-4205  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #

CR2024 (9/01)