

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H02580**

1. Entity Name

KALOTI MUNIR TRADING ESTABLISHMENT, INC.**FILED**
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90021 014 ***150.00

Principal Place of Business

Mailing Address

**1460 NW 82ND AVENUE
MIAMI FL 33126****1460 NW 82ND AVENUE
MIAMI FL 33126-1508**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2407400

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

**KALOTI, AWNI K
9120 E. CALUDA CLUB DR.
MIAMI FL 33132**

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
KALOUTI, AWNI K
9120 E. CALUSA CLUB DRIVE
MIAMI FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
KALOUTI, MUNIR R.
10826 SW 148TH AVE.DR.
MIAMI FL** ☒ DeleteTITLE
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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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/00

Date

305-477-4900

Daytime Phone #