

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 329200**1. Entity Name  
**KAYJO, INC.****FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90084 021 \*\*\*150.00

Principal Place of Business

**71 HARBOR DR.  
KEY BISCAYNE FL 33149**

Mailing Address

**166 HARBOR DRIVE  
6  
KEY BISCAYNE FL 33149**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-1219280**

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

**LANCASTER, CPA. K  
50 W MASHTA DRIVE  
SUITE 6  
KEY BISCAYNE FL 33149**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	RICE, MICHAEL C	325 REDWOOD LANE	KEY BISCAYNE FL 33149	<input type="checkbox"/>
VPD	RYAN, ROBIN J	1444 GROVE STREET	EUSTIS FL 32726	<input type="checkbox"/>
SD	TIWARI, LESLIE	1717 N. BAYSHORE DRIVE, APT. 2538	MIAMI FL 33132	<input type="checkbox"/>
TD	RHEW, PRISCILLA J	2610 BIRD AVE.	COCUNUT GROVE FL 33133	<input type="checkbox"/>
D	RHEW, EDWIN E	1115 BROOKVIEW DRIVE	BRENTWOOD TN 37027	<input type="checkbox"/>
D	RHEW, RUSSELL	4024 NESTLEDOWN DR.	FRANKLIN TN 37064	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Michael Rice (305) 361-2108**

Date

Daytime Phone #

CR2E034 (10/00)