

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90078 001 ***550.00
 08-31-2000 90078 002 *****8.75

DOCUMENT # 848153 (3)
 1. Entity Name
KINZO INVESTMENTS N.V.

Principal Place of Business Mailing Address
9903-4 NW 9 ST-CIRCLE 9903-4 NW 9 ST-CIRCLE
MIAMI, FL. 33172 MIAMI, FL. 33172

2. Principal Place of Business 3. Mailing Address
1770 W. 40 ST. 1770 W. 40 ST.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 8 SUITE 8

City & State City & State
HIALEAH, FL. HIALEAH, FL.
 Zip Country Zip Country
33012 USA 33012 USA

6. Name and Address of Current Registered Agent
FUENTES, JESUS
3761 NW 12 TERRACE
MIAMI, FL. 33126

4. FEI Number
59-2059727
 Applied For
 Not Applicable
 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 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 _____ (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. ☐ **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	D MOVILLA, ALFONSO 9903-4 NW 9 ST-CIRCLE MIAMI, FL. 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOVILLA, ALFONSO 1770 W. 40 ST., SUITE 8 HIALEAH, FL. 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENOM, JOSE S. 9903-4 NW 9 ST-CIRCLE MIAMI, FL. 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENOM, JOSE S. 1770 W. 40 ST., SUITE 8 HIALEAH, FL. 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUENTES, JESUS M. 9903 NW 9 ST-CIRCLE MIAMI, FL. 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUENTES, JESUS M. 1770 W. 40 ST., SUITE 8 HIALEAH, FL. 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEDDER, KAAREL A. 9903-4 NW 9 ST-CIRCLE MIAMI, FL. 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEDDER, KAAREL A. 1770 W. 40 ST., SUITE 8 HIALEAH, FL. 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jesús Fuentes* **8/24/2000** **(305) 644-5992**
 SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)