## 2003 UNIFORM BUSINESS REPORT (UBR)

## May 05, 2003 8:00 am Secretary of State **DOCUMENT # F99000001852** 1. Entity Name 05-05-2003 91882 009 \*\*\*150.00 KAOAS, INC Principal Place of Business Mailing Address 706 STANTON DRIVE 706 STANTON DRIVE WESTON, FL 33326 WESTON, FL 33326 2. Principal Place of Business 3. Mailing Address 1213 PRESIDIO DRIVE 1213 PRESIDIO DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State ▲ FFI Number Applied For City & State Not Applicable 411924220 WESTON, FI WESTON, FI Country \$8.75 Additional Ζiρ Country 5. Certificate of Status Desired Fee Required USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ORTEGA, JUAN ORTEGA, JUAN Street Address (P.O. Box Number is Not Acceptable) -706-STANTON-DRIVE ---1213 PRESIDIO DRIVE WESTON, FL 33326 Zip Code WESTON, FL 33327 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 eignature required when reinstating) DATE FILE NOW !!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 19. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so: After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fee (See criteria on back) Make Check payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 TITLE ☐ Celete TITLE Change ☐ Addition (9/01) ORTEGA, JUAN 706 STANTON DRIVE NAME NAME ORTEGA, JUAN STREET ADDRESS STREET ADDRESS 1213 PRESIDIO DRIVE WESTON, FL 33326 COY-ST-ZIP CITY-ST-ZIP WESTON, FL Change TITLE ... ☐ Delete TILE ☐ Addition ORTEGA, LUIS ORTEGA, LUIS NAME NAME 1213 PRESIDIO DRIVE 706 STANTON DRIVE STREET ADDRESS STREET ADDRESS WESTON, FL WESTON, FL 33326 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CETY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CETY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CMY-ST-ZIP CITY-ST-7IP Addition ☐ Delete Change : TITLE MLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 charged, or on an attactment with an address, with all other like empowered. SIGNATURE: