

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L10844

1. Entity Name

KRENKLL, INC.

Principal Place of Business

6331 NW 87 AVE  
MIAMI FL 33178  
US

Mailing Address

6331 NW 87 AVE  
MIAMI FL 33178-1626  
US

2. Principal Place of Business

4728 N.W. 97 COURT

Suite, Apt. #, etc.,  
MIAMI FL.

3. Mailing Address

4728 N.W. 97 COURT

Suite, Apt. #, etc.,  
MIAMI FL.

City & State

33178

City & State

33178

Zip

33178

Country

USA

Zip

33178

Country

USA

4. FEI Number

65-0144650

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GUILLEN, ISIDRO J.  
10035 NW 44 TERR #305  
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name  
GUILLEN, ISIDRO J.

Street Address (P.O. Box Number is Not Acceptable)

4728 N.W. 97 CT.

City

MIAMI

FL

Zip Code

33178

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GUILLEN, ISIDRO J.	
STREET ADDRESS	10035 NW 44 TERR #305	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	GUILLEN, RAIZA E.	
STREET ADDRESS	10035 NW 44 TERR #305	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GUILLEN, NELSON A.	
STREET ADDRESS	10035 NW 44 TERR #305	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	GUILLEN, RAIZA C.	
STREET ADDRESS	10035 NW 44 TERR #305	
CITY-ST-ZIP	MIAMI FL	
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	PD.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISIDRO J. GUILLEN	
STREET ADDRESS	4728 N.W. 97 CT. MIAMI FL 33178	
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILLEN, RAIZA E.	
STREET ADDRESS	4728 N.W. 97 CT. MIAMI FL 33178	
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILLEN, NELSON A.	
STREET ADDRESS	4728 N.W. 97 CT. MIAMI FL 33178	
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILLEN, RAIZA C.	
STREET ADDRESS	11038 N.W. 43 TERR. MIAMI FL 33178	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2000

Date

305-597-4028

Daytime Phone #

CR2E034 (9/99)