

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L44071

1. Entity Name

KADO MANAGEMENT, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90052 037 ***150.00

Principal Place of Business

17 BLUEBILL AVE
NAPLES FL 33963
US

Mailing Address

17 BLUEBILL AVE
NAPLES FL 34108-1761
US

2. Principal Place of Business

3. Mailing Address

C/O David M Gruber CPA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

5150 Tamiami Tr N. #501

Zip

Country

City & State

Naples, FL 34103

Zip

Country

34103

USA

4. FEI Number

65-0190778

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

7. Name and Address of New Registered Agent

ROSSI, NANCY
180 PEBBLE SHORES DRIVE
APT 101
NAPLES FL 34110

Name

David M Gruber CPA

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

5150 Tamiami Trail N #501

City

Naples

FL

Zip Code

34103

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]

DAVID M GRUBER CPA

[Signature]

4/26/00

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	PT	<input type="checkbox"/> Delete
NAME	ROSSI, NANCY	
STREET ADDRESS	180 PEBBLE SHORES DRIVE, APT 101	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	MAYR, DORLI	
STREET ADDRESS	17 BLUEBILL AVE. STE 1104	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(l), 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]

5/1/00

941.431.2424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)