

5/ 5/ **FILED**  
**Jul 19, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91318 003 \*\*\*150.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P00000072835**

1. Entity Name

**KELGUZLO, INC.**



Principal Place of Business

P.O. BOX 430624  
MIAMI FL 33243

Mailing Address

P.O. BOX 430624  
MIAMI FL 33243

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-1234180**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~KELLY, MARIA E~~  
~~121 CRANDON BLVD #355~~  
~~KEY BISCAYNE FL 33149~~

**MARIA E. Kelly**  
**101 CRANDON BLVD**  
**Apt # 273**  
**Key Biscayne, FL 33149**

7. Name and Address of New Registered Agent

Name **KELLY, MARIA E**  
Street Address (P.O. Box Number is Not Acceptable)  
~~PO Box 120674~~ **101 CRANDON BLVD**  
**MIAMI** **Apt # 273**  
City **MIAMI Key Biscayne** **FL** Zip Code **33149**

8. This 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 date if applicable.

(NOTE: Registered Agent signature required when relinquishing)

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

|       |      |                |                |                                 |
|-------|------|----------------|----------------|---------------------------------|
| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|       |      |                |                |                                                                              |
|-------|------|----------------|----------------|------------------------------------------------------------------------------|
| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE | NAME | STREET ADDRESS | CITY-STATE-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:

**MARIA E KELLY** **PRESIDENT** **3/5/01** **305 299-2115**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/00)