

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000079543

1. Entity Name  
KHOTOS, INC.

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90258 016 \*\*\*150.00

Principal Place of Business  
17011 N. BAY RD. #719  
SUNNY ISLES BEACH FL 33160

Mailing Address  
17011 N. BAY RD. #719  
SUNNY ISLES BEACH FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1049542

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KARROUN, MIGUEL J.  
17011 N. BAY RD. #719  
SUNNY ISLES BEACH FL 33160

Name

JORGE CORONEL

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

2821 N.E.

163<sup>ST</sup> # 4D

City

NORTH MIAMI BEACH FL

Zip Code

33160

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Delete  
NAME **MIGUEL KARROUN**  
STREET ADDRESS **17011 N. BAY RD #719**  
CITY-ST-ZIP **SUNNY ISLES BEACH, FL 33160**

TITLE **PRESIDENT** ☐ Change ☒ Addition  
NAME **JORGE CORONEL**  
STREET ADDRESS **2821 NE 163<sup>ST</sup> #4D**  
CITY-ST-ZIP **N. MIAMI BEACH, FL 33160**

TITLE **V-PRESIDENT** ☒ Delete  
NAME **JUAN CARLOS KARROUN**  
STREET ADDRESS **17011 N. BAY RD #719**  
CITY-ST-ZIP **SUNNY ISLES BEACH, FL 33160**

TITLE **VICE-PRESIDENT** ☐ Change ☒ Addition  
NAME **MARY FLORES**  
STREET ADDRESS **2020 NE 135<sup>TH</sup> ST #701**  
CITY-ST-ZIP **NORTH MIAMI, FL 33181**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-01

948-4369

CR2E034 (10/00)