2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P00000080684

1. Entity Name

SIGNATURE:

KIBY'S INTERNATIONAL, CORP.



FILED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90831 018 ***150.00

Daytime Phone #

Principal Place of Business 7168 NW 50 STREET MIAMI FL 33166		Mailing Address 7168 NW 50 STREET MIAMI FL 33166		4 18 8 18 8 14 8 8 1/4 8 8 1/4 8 8 1/4 8 8 1/4 8 8 1/4 8 8 1/4 8 8 1/4 8 8 1/4 8 1/4 1/8 1/8 1/8 1/8 1	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-1037850 Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
VALLEJO, MAURICIO 7168 NW 50 STREET			Name Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL	///		City	FL Zip Code	
8. The above named entity subplies this platement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or prints framework gistered agent and title if applicable. (NC)E: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALLEJO, MAURICIO 1585 SALERNO CIRCLE WESTON FL 33327	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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12. 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 frue 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 fustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like) empowered.					