

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90129 003 ***150.00

DOCUMENT # P00000110505

1. Entity Name
BKTT.COM.CORP.

Principal Place of Business

62 SW 31 ROAD
MIAMI FL 33129

Mailing Address

62 SW 31 ROAD
MIAMI FL 33129

2. Principal Place of Business

3350 NW So River Drive

3. Mailing Address

3350 NW So River Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33142

Country

USA

Zip

33142

Country

USA

4. FEI Number

65-1058094

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANTOS, DANILO
62 SW 31 ROAD
MIAMI FL 33129

7. Name and Address of New Registered Agent

Name **Alejandro Diaz**

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

3350 NW So River Drive

City **Miami, FL**

FL

Zip Code **33142**

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, 2002 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**
NAME **SANTOS, DANILO**
STREET ADDRESS **62 SW 31 ROAD**
CITY-ST-ZIP **MIAMI FL 33129**

☒ **Delete**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President**
NAME **Alejandro Diaz**
STREET ADDRESS **3350 NW So River Drive**
CITY-ST-ZIP **Miami, FL 33142**

☐ **Change** ☒ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**

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STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/26/02
 Date

(305) 858-7892
 Daytime Phone #

CR2E034 (9/01)