FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 13, 2002 8:00 am P00000110505 DOCUMENT # **Secretary of State** 1. Entity Name 02-13-2002 90129 003 \*\*\*150.00 BKTT.COM.CORP. Principal Place of Business Mailing Address 62 SW 31 ROAD 62 SW 31 ROAD MIAMI FL 33129 MIAMI FL 33129 2. Principal Place of Business 3. Mailing Address River Drive 3350 NW So River Drive 3350 <u>NW</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1058094 iali iahi Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired USA 33142 Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent SANTOS, DANILO Street Address (P.O. Box Number is Not Acceptable) 62 SW 31 ROAD So **MIAMI FL 33129** 2350 NW الأربعة 8. The above named entity subgrig this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE nted name of registered agent and title if applicable ignature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. President TITLE Pelete Alejandro Diaz 3350 Nos So River Drive SANTOS, DANILO NAME 62 SW 31 ROAD STREET ADDRESS STREET ADDRESS **MIAMI FL 33129** CITY-ST-ZIP CITY-ST-ZIP liami, F1 33142 TITLE TITLE Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR