

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
 03-25-2002 90035 048 ***150.00

DOCUMENT # P00000112477

1. Entity Name
KB TEC CORPORATION

Principal Place of Business

245 SE 1ST
SUITE 217
MIAMI FL 33131

Mailing Address

245 SE 1ST
SUITE 217
MIAMI FL 33131

MOVED



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4711 N.W. 79 AV
Suite, Apt. #, etc. 15-0

3. Mailing Address

4711 N.W. 79 AV
Suite, Apt. #, etc. 15-0

City & State
Miami FLORIDA

City & State
Miami FLORIDA

4. FEI Number **65-1061689**

Applied For
Not Applicable

Zip **33131** **Country** **DOOR**

Zip **33131** **Country** **DOOR**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

THOMPSON, DISNEY
169 E. FLAGLER STREET
SUITE 1527
MIAMI FL 33131

BRYANT'S ACCOUNTING SERVICES
847 NW 119 ST, Suite 205 - MIAMI - FL (33168)

7. Name and Address of New Registered Agent

Name **BRANT BRYAN**
Street Address (P.O. Box Number is Not Acceptable) **847 NW 119 ST - SUITE 205**
City **MIAMI** **FL** **Zip Code** **33168**

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 _____ **DATE** _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	D. <input type="checkbox"/> Delete
NAME	AVOGADRO, CARLOS
STREET ADDRESS	169 WEST FLAGLER ST., SUITE 1527
CITY-ST-ZIP	MIAMI FL 33166
TITLE	D <input type="checkbox"/> Delete
NAME	KALIK, NAUM
STREET ADDRESS	169 WEST FLAGLER ST., SUITE 1527
CITY-ST-ZIP	MIAMI FL 33166
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, without other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.31.02 **305-718-6663**
 Date Daytime Phone #

20020327 AV

CR2E034 (9/01)