

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90013 013 ***150.00

DOCUMENT # P00000115009

1. Entity Name

KIKO-MANAGEMENT INC.

Principal Place of Business

**2330 SOUTH PINE AVE.
OCALA FL 34471**

Mailing Address

**2330 SOUTH PINE AVE.
OCALA FL 34471**

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

59-3691364

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

ALZATE, FERNANDO

1800 S.E. HWY. 42

SUMMERFIELD FL 34491

Name

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

City

FL

Zip Code

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☐ Delete
NAME **D**
STREET ADDRESS **ALZATE, FERNANDO**
CITY-ST-ZIP **1800 S.E. HWY. 42
SUMMERFIELD**

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

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

08-22-01

(352) 620-0975

Date

Daytime Phone #

CR2E034 (5/01)

Zs

*Attachment
P 00000115009 A0082B7*
Zs Accounting & Tax Services, LLC

Elizabeth Zygarlowski
Vivien L. Swanson

August 22, 2001

Florida Department of State
Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Re: Kiko Management, Inc.
Doc. P900000115009

Gentlemen:

We are writing you on behalf of our client, Kiko Management Inc. seeking abatement of the Four Hundred Dollar (\$400.) assessment for late filing of their corporate fee for the year 2001. Unfortunately, the client was unaware of the corporate fee and cannot locate any prior notice seeking payment in the amount of One Hundred Fifty Dollars (\$150.).

Therefore, enclosed please find their check in the amount of One Hundred Fifty Dollars (\$150.) representing payment of the Uniform Business Report for the year 2001. We appeal to the State to grant abatement of the additional charges.

Thank you for your cooperation in this matter.

Very truly yours,

Elizabeth Zygarlowski

Elizabeth Zygarlowski
Member