

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90078 036 ***150.00

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DOCUMENT # P01000054358

1. Entity Name
KANITO, INC.



Principal Place of Business
4571 FORREST LANE
LAKE WORTH FL 33463

Mailing Address
4519 FORREST LANE
LAKE WORTH FL 33463



2. Principal Place of Business

4571 Forrest Lane

3. Mailing Address

4519 Forrest Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

L. Worth FL

City & State

L. Worth FL

4. FEI Number 75-3019757

Applied For
Not Applicable

Zip
33463

Country
Palm Beach

Zip
33463

Country

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

6. Name and Address of Current Registered Agent

MARRERO, KATHLEEN
10719 TAMIS TRAIL
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

Name KATHLEEN MARRERO

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

4519 Forrest Lane

City Lake Worth

FL

Zip Code 33463

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/2/03

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVD
NAME MARRERO, KATHLEEN
STREET ADDRESS 10719 TAMIS TRAIL
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME MARRERO, CASIMIRO
STREET ADDRESS 10719 TAMIS TRAIL
CITY-ST-ZIP LAKE WORTH FL 33467

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STREET ADDRESS
CITY-ST-ZIP

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/2/03 561-439-4675
Daytime Phone #

CR2E034 (10/02)