

2004

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90227 001 \*\*\*150.00

<b>DOCUMENT #</b> P01000077003
<b>1. Entity Name</b> Kitchen Loft, Inc.

**DO NOT WRITE IN THIS SPACE**

14010650

<b>2. Principal Place of Business</b> 2814 No. Miami Ave. Suite, Apt. #, etc.	<b>3. Mailing Address</b> 2814 No. Miami Ave. Suite, Apt. #, etc.
---	---

**DO NOT WRITE IN THIS SPACE**

<b>City &amp; State</b> Miami, FL	<b>City &amp; State</b> Miami, FL	<b>4. FEI Number</b> 65-1151914	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Zip</b> 33137-3932	<b>Country</b> USA	<b>Zip</b> 33137-3932	<b>Country</b> USA
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE****7. Name and Address of Current Registered Agent**

**Name**  
Paz, Arturo, Jr.  
**Street Address (P.O. Box Number is Not Acceptable)**  
1881 Washington Ave.  
**Apt. 10-D**  
**City**  
Miami Beach **FL** **Zip Code**  
33139

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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**

<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D/P Luyando, Pura C. 680 N.E. 77th St. Miami, FL 33138	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D/S/T Paz, Arturo, Jr. 1881 Washington Ave., Apt. 10-D Miami Beach, FL 33139	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	

CR2E034B (12/02)

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

Pura C. Luyando Pura C. Luyando

Date

Daytime Phone #