

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000085435

1. Entity Name
KAMAYCO, INC.

FILED
May 29, 2002 8:00 am
Secretary of State

04-18-2002 90447 043 ***150.00

Principal Place of Business
1920 CEDAR COURT
WESTON FL 33327

Mailing Address
1920 CEDAR COURT
WESTON FL 33327

89533



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt., etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt., etc.
City & State
Zip Country

4. FEI Number ☐ Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

CABRELL LUIS M
2332 PALMDENA WAY
WESTON FL 33327

7. Name and Address of New Registered Agent

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
LA CHAPPELLE, MICHAEL
1920 CEDAR COURT
WESTON FL 33327

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
LA CHAPPELLE, NIGEL
1920 CEDAR COURT
WESTON FL 33327

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
LA CHAPPELLE, SYDNEY
1920 CEDAR COURT
WESTON FL 33327

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

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 in 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 or an authorized representative of the corporation; and that my name appears in Block 11 or Block 12 of this report.

SIGNATURE: *Michael Pacheco*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4/7/02
DAYTIME PHONE: 954.854.4164