

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

DOCUMENT # **P01000099079**

1. Entity Name
KAIKAPU, INC.

04-11-2002 90728 001 ***150.00
04-11-2002 90728 002 *****8.75

Principal Place of Business

Mailing Address

~~2561 RIDGECREST AVE~~
~~ORANGE PARK FL 32065~~

~~2561 RIDGECREST AVE~~
~~ORANGE PARK FL 32065~~



2. Principal Place of Business

3. Mailing Address

1120 PARK AVE

2581 RIDGECREST AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORANGE PARK FL

City & State

ORANGE PARK FL

4. FEI Number

59-3752222

Applied For

☒ Not Applicable

Zip

32073

Country

US

Zip

32065

Country

US

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

6. Name and Address of Current Registered Agent

FULLER, BARRY J
2301 PARK AVE STE 404
ORANGE PARK FL 32073

ATTORNEY

7. Name and Address of New Registered Agent

Name

AMARO CAMBICA

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

2581 RIDGECREST AVE

City

ORANGE PARK FL

Zip Code

32065

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

AMARO CAMBICA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7 JAN 02

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **OWNER/PRESIDENT** ☐ Delete
NAME **AMARO CAMBICA**
STREET ADDRESS **2581 RIDGECREST AVE**
CITY-ST-ZIP **ORANGE PARK FL 32065**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

AMARO CAMBICA

9049105849

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0005125 AV

CR2E034 (9/01)