

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90717 006 ***150.00

DOCUMENT # P02000055969

1. Entity Name
KT PROPERTY INVESTMENTS, INC.



Principal Place of Business
109 WATERVIEW WAY
ROYAL PALM BEACH FL 33411

Mailing Address
109 WATERVIEW WAY
ROYAL PALM BEACH FL 33411

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

02-0609097

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'DONNELL, MARY P
4420 BEACON CIRCLE
SUITE 100
WEST PALM BEACH FL 33407

Name **ALLAN SORCHAY, C.P.A.**
Street Address (P.O. Box Number is Not Acceptable)
5300 NW 33 AVE STE 117

City **FT. LAUDERDALE** **FL** **Zip Code** **33309**

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 *ALLAN SORCHAY*

(NOTE: Registered Agent signature required when reinstating)

8-4-03

DATE

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	PS/O	<input type="checkbox"/> Delete
NAME	CASTELLOTTI, KIMBERLY J	
STREET ADDRESS	109 WATERVIEW WAY	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	PS/O	<input type="checkbox"/> Delete
NAME	CASTELLOTTI, THOMAS D JR.	
STREET ADDRESS	109 WATERVIEW WAY	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)