

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-17-2003 90619 005 ***150.00

DOCUMENT # P02000064682

1. Entity Name
KAPZ FIRST INC.



Principal Place of Business
540 BRICKELL KEY DR #217
MIAMI FL 33131

Mailing Address
540 BRICKELL KEY DR #217
MIAMI FL 33131



2. Principal Place of Business

2222 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

150

City & State

CORAL GABLES, FLORIDA

Zip
33134

Country
U.S.A.

3. Mailing Address

2222 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

SUITE #150

City & State

CORAL GABLES, FLORIDA

Zip
33134

Country
U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0711458

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PENA, SILVIA S

540 BRICKELL KEY DR #217

MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

PABLO SALAZAR

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

540 BRICKELL KEY DR #217

City

MIAMI,

FL

Zip Code

33131

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, type and print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/17/2003

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

TITLE PSD ☒ Delete
NAME PENA, SILVIA S
STREET ADDRESS 540 BRICKELL KEY DR #217
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☐ Change ☒ Addition
NAME PABLO SALAZAR
STREET ADDRESS 540 BRICKELL KEY DR. #217
CITY-ST-ZIP MIAMI, FL 33131

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

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

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

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

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/17/2003

Date

(305) 461-9494

Daytime Phone #

CR2E034 (10/02)