2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000064682

1. Entity Name KAPZ FIRST INC.



Apr 17, 2003 8:00 am \$\frac{5}{2}\$
Secretary of State 04-17-2003 90619 005 ***150.00

FILED

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

Mailing Address

540 BRICKELL KEY DR #217

MIAMI FL 33131

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	L GABLES FLORIDA		GABLES	FLORID	AO	11-0711458	N	lot Applicable
Zip 	Country O S. A	33134		S.A.	5. 0	Certificate of Status Desired	\$8.75 Ac Fee Requir	
	6. Name and Address of Current R				7. N	lame and Address of New Regi	stered Agent	
				Name	B .	~ A . A . ~		
PENA, SILVIA S				PABLO SALAZAR				
540 BRICKELL KEY DR #217				Street Address (P.O. Box Number is Not Acceptable) 540 BRICKELL KEY DR #217				
MIAMI FL 33131				- / /		CAROL MICE OF	_,, <u>-, , , , , , , , , , , , , , , , , ,</u>	
IVIDAUVII FL	. 00101							
4				City MIA			FL Zip Cod	131
8. The above	named entity submits this statement for ions of registered agent.	the purpose of cha	nging its register	ed office or regist	tered age	ent, or both, in the State of Florida	. I am familiar with	, and accept
are obligat	ions of registered agent.					1	1	
SIGNATURE .						03/17	2003	
	Signature, type the project of registered agent an	nd title if applicable.	(NOTE: Registere	ed Agent signature requi	ired when rei	instating)	DATE	
Ø F	ILE NOW!!! FEE IS \$150.00					- · · · ·		
	May 1, 2003 Fee will be \$550.00					9. Election Campaign Finance	· • • • • • • • • • • • • • • • • • •	00 мау Ве
	Payable to Florida Department of	State			1	Trust Fund Contribution.	☐ Adde	d to Fees
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IV.		MECTORS	■ 11.		Al Y	DITIONS/CHANGES TO DEFICE	RS AND DIRECTOR	RS IN 11 1
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12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP