

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-14-2003 90222 029 ***150.00

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☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P02000105810					
1. Entity Name EL KAJIBO, INC.					
Principal Place of Business 19049 PORTOFINO DRIVE TAMPA, FL 33647			Mailing Address 19049 PORTOFINO DRIVE TAMPA, FL 33647		
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 03-0487310	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KNESKI, PETER 19 WEST FLAGLER STREET 807 BISCAYNE BLDG. MIAMI, FL 33130			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ (Signature, typed for principal person of registered agent and date of application. (NOTE: Principal person of registered agent must be present at filing.)					
FILE NOW! FEE \$150.00 After May 1, 2003 Fee will be \$50.00 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	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SCHOTT, RAFAEL		NAME		
STREET ADDRESS	19049 PORTOFINO DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SCHOTT, KIETH R		NAME		
STREET ADDRESS	19049 PORTOFINO DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SCHOTT, LINDA		NAME		
STREET ADDRESS	19049 PORTOFINO DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Rafael E. Schott</u> RAFAEL E. Schott <u>April 4, 2003</u> (RD) 671-279					

CR2E034 (10/02)