

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90163 007 ***150.00

DOCUMENT # P02000122309

1. Entity Name
KZ CORRETORA, LTD, INC.



Principal Place of Business
4014 NW 58TH ST
BOCA RATON FL 33496

Mailing Address
4014 NW 58TH ST
BOCA RATON FL 33496



2. Principal Place of Business

X Av. Alde Garrido

3. Mailing Address

X Av. Alde Garrido

Suite, Apt. #, etc.

640/305 - Barra do Tijucas

Suite, Apt. #, etc.

X 640/305 - Barra do Tijucas

City & State

+ Rio de Janeiro

City & State

Rio de Janeiro

Zip

22.621-000

Country

Brazil

Zip

22.621-000

Country

Brazil

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOBICK, EDWARD
4014 NW 58TH ST
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

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 P
NAME KUNZ, ARMIN
STREET ADDRESS 4014 NW 58TH ST
CITY-ST-ZIP BOCA RATON FL 33496

☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/03

CR2E034 (10/02)