

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 11889

1. Entity Name

THE KTG4 GROUP OF FLORIDA, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90023 038 ***150.00

Principal Place of Business

Mailing Address

2700 W. CYPRESS CREEK Rd
SUITE D100
FORT LAUDERDALE, FL. 33309

SAME

00053304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

BROWARD

4. FEI Number

33-0202233

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

FOTI, JOHN P.
2700 W. CYPRESS CREEK Rd
SUITE D 100
FORT LAUDERDALE, FL. 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	YAMAFUJI, ROBERT	
STREET ADDRESS	17992 MITCHELL SO.	
CITY-ST-ZIP	IRVINE, CA. 92614	
TITLE	DCT	<input type="checkbox"/> Delete
NAME	THOMAS, JAMES L.	
STREET ADDRESS	17992 MITCHELL SO.	
CITY-ST-ZIP	IRVINE, CA. 92614	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	FOTI, JOHN P.	
STREET ADDRESS	2700 W. CYPRESS CREEK Rd	
CITY-ST-ZIP	STE D 100 FORT LAUDERDALE, FL. 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TULLY, JOHN P.		
STREET ADDRESS	17992 MITCHELL SO.		
CITY-ST-ZIP	IRVINE, CA. 92614		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James L. Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES L. THOMAS 5-17-2000 (949) 851-2133

Date

Daytime Phone #

CR2E034 (9/99)