

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90012 038 \*\*\*550.00

**DOCUMENT # P11889**

1. Entity Name

**THE KTGy GROUP OF FLORIDA, INC.**

Principal Place of Business

**400 SE 12TH ST  
 BLDG E  
 FT LAUDERDALE FL 33316  
 US**

Mailing Address

**17992 MITCHELL S  
 #190  
 IRVINE CA 92714  
 US**

2. Principal Place of Business

**8241 S.W. 41ST CT.**

Suite, Apt. #, etc.

3. Mailing Address

**17992 MITCHELL S.**

Suite, Apt. #, etc.

City & State

**DAVIE, FL**

City & State

**IRVINE, CA**

4. FEI Number

**33-0202233**

Applied For

Not Applicable

Zip

**33328-2943**

Country

**BROWARD**

Zip

**92614**

Country

**ORANGE**

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

**FOIT, JOHN P.**

**400 SE 12TH ST**

**BLDG E**

**FT. LAUDERDALE FL 33316**

Name

**FOIT, JOHN P**

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

**8241 - S.W. 41ST CT.**

City

**DAVIE, FL**

**FL**

Zip Code

**33328-2943**

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]*

**JOHN P. FOIT**

**9/6/01**

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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** ☒ Delete  
 NAME **YAMAFUJI, ROBERT**  
 STREET ADDRESS **17992 MITCHELL S**  
 CITY-ST-ZIP **IRVINE CA**

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

TITLE **DCT** ☐ Delete  
 NAME **THOMAS, JAMES L**  
 STREET ADDRESS **17992 MITCHELL SO**  
 CITY-ST-ZIP **IRVINE CA**

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

TITLE **DPS** ☐ Delete  
 NAME **FOIT, JOHN P**  
 STREET ADDRESS **400 SE 12TH ST., BLDG E**  
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **DPS** ☒ Change ☐ Addition  
 NAME **FOIT, JOHN P.**  
 STREET ADDRESS **8241 - S.W. 41ST COURT**  
 CITY-ST-ZIP **DAVIE, FL 33328-2943**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 lines empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/28/2001 (949)851-2133**

Date

Daytime Phone #

CR2E034 (5/01)