

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90008 010 ***150.00

DOCUMENT # P950000480341. Entity Name
KITO, INC.

Principal Place of Business

11 ISLAND AVE.
905
MIAMI BEACH FL 33131
US

Mailing Address

11 ISLAND AVE.
905
MIAMI BEACH FL 33131
US

2. Principal Place of Business

11 ISLAND AVE
Suite, Apt. #, etc.
905

3. Mailing Address

11 ISLAND AVE
Suite, Apt. #, etc.
905

City & State

MIAMI BEACH

City & State

MIAMI BEACH

4. FEI Number

65-0590617

Applied For

Not Applicable

Zip

33139

Country

DADE

Zip

33139

Country

DADE5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****URTEAGA, FRANCISCO**
11 ISLAND AVE.
APT. 905
MIAMI BEACH FL 33131**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.

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **PTD** ☐ Delete
NAME **URTEAGA, FRANCISCO**
STREET ADDRESS **11 ISLAND AVE., #905**
CITY-ST-ZIP **MIAMI BEACH FL 33131**TITLE **VSD** ☐ Delete
NAME **COUVERTIER, MARI**
STREET ADDRESS **11 ISLAND AVE., #905**
CITY-ST-ZIP **MIAMI BEACH FL 33131**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **URTEAGA FRANCISCO**
STREET ADDRESS **11 ISLAND AVE #905**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**TITLE **VSD** ☒ Change ☐ Addition
NAME **COUVERTIER MARI**
STREET ADDRESS **11 ISLAND AVE #905**
CITY-ST-ZIP **MIAMI BCH, FL 33139**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-10-02 (305) 5343350

Daytime Phone #

CR2E034 (9/01)