

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90045 048 ***150.00

DOCUMENT # P97000010671

1. Entity Name
K R M COMPONENTS, INC.

Principal Place of Business
7041 GRAND NATIONAL DRIVE
SUITE 109
ORLANDO FL 32819

Mailing Address
7041 GRAND NATIONAL DRIVE
SUITE 109
ORLANDO FL 32819

839353



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2813 S. HIWASSEE RD.

Suite, Apt. #, etc.
SUITE 107

City & State
ORLANDO, FLORIDA

Zip
32835

Country
USA

3. Mailing Address
2813 S. HIWASSEE RD.

Suite, Apt. #, etc.
SUITE 107

City & State
ORLANDO, FLORIDA

Zip
32835

Country
USA

4. FEI Number **59-3421088**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARROS, DAURO
7041 GRAND NATIONAL DRIVE
SUITE 109
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

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

2813 SOUTH HIWASSEE RD. #107

City

ORLANDO

FL

Zip Code

32835

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
D
 NAME **CLAUDIO ROSSI DOS SANTOS**
 STREET ADDRESS **7041 GRAND NATIONAL DR, STE 109**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2813 SOUTH HIWASSEE RD. #107**
 CITY-ST-ZIP **ORLANDO, FL 32835**

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

TITLE ☐ Change ☐ Addition
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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: **DAURO BARROS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/02
 Date

(407) 297-0060
 Daytime Phone #

CR2E034 (9/01)