

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90243 045 ***550.00

0054265 AV

DOCUMENT # P97000075989

1. Entity Name

KITZMAN ENGINEERING, INC.

Principal Place of Business

8861 S.W. 196TH DRIVE
 MIAMI FL 33156

Mailing Address

8861 S.W. 196TH DRIVE
 MIAMI FL 33156

UUUUUUUUUU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4217 S.W. 136 PL.

3. Mailing Address

4217 S.W. 136 PL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLA.

City & State

MIAMI, FLA.

4. FEI Number

65-0804657

Applied For

Not Applicable

Zip

33175

Country

DADE

Zip

33175

Country

DADE

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARMSTRONG, TIMOTHY J ESQ.
 2600 DOUGLAS ROAD
 SUITE 1111
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name RAMON KITZMAN

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

~~8861~~ 4217 S.W. 136 PL

City

MIAMI

FL

Zip Code 33175

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

Ramon Kitzman

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

(NOTE: Registered Agent signature required when reinstating)

7/25/01

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

TITLE D ☐ Delete
 NAME KITZMAN, RAMON
 STREET ADDRESS 8861 S.W. 196TH DRIVE
 CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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
 CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Ramon Kitzman 7/25/01 305 551-0561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)