

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90198 007 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P97000075989**



1. Entity Name  
**KITZMAN ENGINEERING, INC.**

Principal Place of Business  
**4217 SW 136 PL  
 MIAMI FL 33175**

Mailing Address  
**4217 SW 136 PL  
 MIAMI FL 33175**



2. Principal Place of Business  
**11413 SW 129 PI**

3. Mailing Address  
**11413 SW 129 PI**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Miami FL**

City & State  
**Miami FL**

4. FEI Number **65-0804657** Applied For  
 Not Applicable

Zip **33188** Country Country  
 Zip **33186** Country

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

6. Name and Address of Current Registered Agent  
**KITZMAN, RAMON  
 4217 SW 136 PL  
 MIAMI FL 33175**

7. Name and Address of New Registered Agent  
 Name **Ramon Kitzman**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11413 SW 129 PI**  
 City **Miami FL** Zip Code **33186**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ramon Kitzman DATE 1/29/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D KITZMAN, RAMON 8861 S.W. 196TH DRIVE 11413 S.W. 129 PL. MIAMI FL 33188</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11413 SW 129 PI Miami FL 33186</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: Ramon Kitzman** **SIGNATURE REQUIRED** DATE 1/29/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)