

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107043

1. Entity Name

KAZE DESIGN GROUP, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90805 029 ***150.00

Principal Place of Business

Mailing Address

328 MAFORCA AVE
#5
CORAL GABLES FL 33134
US

328 MAFORCA AVE
#5
CORAL GABLES FL 33134
US

2. Principal Place of Business

3. Mailing Address

328 Majorca Ave
Suite, Apt. #, etc.
No 5

328 Majorca Ave
Suite, Apt. #, etc.
No. 5

City & State
Coral Gables, Fl.

City & State
Coral Gables, Fl.

Zip
33134

Country
USA

Zip
33134

Country
USA

4. FEI Number 65-0802165

Applied For
Not Applicable

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

INGRAM, NADIA
2100 PONCE DE LEON BLVD
SUITE 920
CORAL GABLES FL 33134

Name Justo Vera
Street Address (P.O. Box Number is Not Acceptable)
328 Majorca Ave No 5
City Coral Gables FL Zip Code 33134

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	VERA, JUSTO	
STREET ADDRESS	328 MAFORCA AVE #5	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRICENO, ROBERTA	
STREET ADDRESS	2810 SW 38 AVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

JAN 21, 2000

Date

305-4428526

Daytime Phone #

CR2E034 (9/99)