FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

**SIGNATURE:** 

## May 04, 2001 8:00 am Secretary of State DOCUMENT # **P97000107043** 1. Entity Name KAZE DESIGN GROUP, INC. 05-04-2001 90017 008 \*\*\*150.00 Principal Place of Business Mailing Address 328 MAJORCA AVE 328 MAJORCA AVE CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address 5561 NW 112 AVE 5561 NW 112 AXE. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 113 113 City & State City & State 4. FEI Number Applied For 65-0802165 MIAMI MIAM Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 331 33178 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JUSTO VERA, JUSTO Street Address (P.O. Box Number is Not Acceptable) 328 MAJORCA AVE #5 AP1 CORAL GABLES FL 33134 Zip Code .33178 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. 3R2E034 (10/00) **PSTD** TITLE ☐ Delete TITLE PSTD ☐ Change YERA, JUSTO VERA, JUSTO 5561 NW 112 AVE # 113 STREET ADDRESS 328 MAFORCA AVE #5 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 MIAMI FL 33178 TITLE Delete TITLE Change ☐ Addition NAME BRICENO, ROBERTA NAME BRICENO, ROBERTA 10750 NW 66 ST APT 402 STREET ADDRESS 2810 SW 36 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** IMAIM 33178 TITLE Delete TITLE" □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY~ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE [7] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 a other like empowered.

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SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR