

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016655

1. Entity Name

KST BUSINESS, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90004 030 ***158.75

Principal Place of Business

Mailing Address

1547 NW 79 AVE
MIAMI FL 33126

1547 NW 79 AVE
MIAMI FL 33126-1103

2. Principal Place of Business

3. Mailing Address

8201 NW 66 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 4

City & State

City & State

MIAMI, FL

Zip

Country

Zip

Country

33166

US

4. FEI Number

65-0813407

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

~~SELL, LUIZ E~~
1547 NW 79 AVE
MIAMI FL 33126

Name

TAVORA, BEATRICE

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

1547 NW 79 AVENUE

City

MIAMI

FL

Zip Code

33126

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

\$158.75

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
KALABAIDE, CARLOS A
1547 NW 79 AVE
MIAMI FL 33126 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
KALABAIDE, PATRICIA
1547 NW 79 AVE
MIAMI FL 33126 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
TAVORA, BEATRICE
1547 NW 79 AVENUE
MIAMI, FL 33126 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

BEATRICE TAVORA

01/13/00

Date

(305) 592-3733

Daytime Phone #

CR2E034 (9/99)