

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90087 040 \*\*\*150.00

0068989

**DOCUMENT # P98000027477**

1. Entity Name

**KAMAMERU PRODUCTIONS, INC.**

Principal Place of Business

**4200 SOUTH KIRKMAN ROAD  
APT #1016  
ORLANDO FL 32811**

Mailing Address

**4200 SOUTH KIRKMAN ROAD  
APT #1016  
ORLANDO FL 32811**

**818311**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4200 South Kirkman Rd**

3. Mailing Address

**4200 South Kirkman Rd**

Suite, Apt. #, etc.

**#1016**

Suite, Apt. #, etc.

**#1016**

City & State

**ORLANDO, FLORIDA**

City & State

**ORLANDO, FLORIDA**

Zip

**32811**

Country

**ORANGE**

Zip

**32811**

Country

**ORANGE**

4. FEI Number **59-3502640**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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, 2001 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

TITLE **PSTD** ☐ Delete  
NAME **IZQUIERDO, JOSEPH G**  
STREET ADDRESS **4200 SOUTH KIRKMAN ROAD**  
CITY - ST - ZIP **ORLANDO FL 32811**

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY - ST - ZIP ☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
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

**March 18<sup>th</sup> 2001**

Date

Daytime Phone #

**407-5328554**

CR2E034 (10/00)