

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90097 007 \*\*\*150.00

DOCUMENT # **098000092232**  
Entity Name  
**KIMTEK R.G. Inc.**

Principal Place of Business Mailing Address  
**777 W LANCASTER Rd. Ap. 77F**  
**ORLANDO - FLA. 32809**

**C0087944**

Principal Place of Business Suite, Apt. #, etc.  
**SAME AS ABOVE**  
**APT.**

3. Mailing Address Suite, Apt. #, etc.  
**SAME AS ABOVE**

DO NOT WRITE IN THIS SPACE

City & State Zip Country  
**ORLANDO - FLA. 32809**

4. FEI Number **59-3538915** Applied For Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**Rodrigo GALVIS**  
**777 W. LANCASTER Rd. Ap 77F**  
**ORLANDO - FLA - 32809**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ST-ZIP	<p><b>president</b> <input type="checkbox"/> Delete <b>Rodrigo GALVIS</b> <b>777 W. LANCASTER Rd. Ap 77F</b></p> <p><b>vice-president</b> <input type="checkbox"/> Delete <b>ROSA DE LA TORRE</b> <b>SAME AS ABOVE</b></p> <p><input type="checkbox"/> Delete</p> <p><input type="checkbox"/> Delete</p> <p><input type="checkbox"/> Delete</p> <p><input type="checkbox"/> Delete</p>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)