

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90022 047 ***150.00

DOCUMENT # P99000015217

1. Entity Name
K & H CONSULTANT, INC.

Principal Place of Business

~~16445 COLLINS AVENUE, #2324~~
~~NORTH MIAMI BEACH FL 33160~~

Mailing Address

~~16445 COLLINS AVENUE, #2324~~
~~NORTH MIAMI BEACH FL 33160~~

2. Principal Place of Business

3019 NE 163rd Street

3. Mailing Address

3007 NE 163RD STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH, FL

City & State

NORTH MIAMI BEACH, FL

Zip

33160

Country

Zip

33160

Country

4. FEI Number

65-0901666

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHIGETOMI, HIROSHI

~~16445 COLLINS AVENUE, #2324~~
~~NORTH MIAMI BEACH FL 33160~~

7. Name and Address of New Registered Agent

Name

SHIGETOMI, HIROSHI

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

3007 NE 163 RD STREET

City

NORTH MIAMI BEACH

FL

Zip Code

33160

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

(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, 2002 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	D	<input type="checkbox"/> Delete
NAME	SHIGETOMI, HIROSHI	
STREET ADDRESS	16445 COLLINS AVENUE, #2324	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, KAZUMI	
STREET ADDRESS	16445 COLLINS AVENUE, #2324	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3007 NE 163rd Street	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3007 NE 163rd Street	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Date

Daytime Phone #

1-11-02 305-945-5775

CR2E034 (9/01)