

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90037 007 \*\*\*150.00

**DOCUMENT # P99000038783**

1. Entity Name

**KAISER INTERNATIONAL TRADING CORP.**

Principal Place of Business

9572 NW 41 STREET  
MIAMI FL 33139

Mailing Address

9572 NW 41 STREET  
MIAMI FL 33178-2913

101451



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**401 BISCAYNE BLVD**

3. Mailing Address

**401 BISCAYNE BLVD**

Suite, Apt. #, etc.

**# 43 BAYSIDE MARKET PLACE**

Suite, Apt. #, etc.

**# 43 BAYSIDE MARKET PLACE**

City & State

**MIAMI**

City & State

**MIAMI**

4. FEI Number

**65-0918448**

Applied For

Not Applicable

Zip

**33132**

Country

**DADE**

Zip

**33132**

Country

**DADE**

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

**PEREZ, AKREM A**  
**1614 PENNSYLVANIA AVE SUITE 1C**  
**MIAMI BEACH FL 33139**

Name

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

**401 BISCAYNE BLVD #43 BAYSIDE MARKET PLACE**

City

**MIAMI, FL 33132**

**FL**

Zip Code

**33132**

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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PD PEREZ, ALBERTO**  
STREET ADDRESS **1614 PENNSYLVANIA AVE SUITE 1C**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **401 BISCAYNE BLVD #43 BAYSIDE MARKET PLACE**  
CITY-ST-ZIP **MIAMI, FL 33132**

TITLE ☐ Delete  
NAME **VSD PEREZ, AKREM A**  
STREET ADDRESS **1614 PENNSYLVANIA AVE SUITE 1C**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **401 BISCAYNE BLVD #43 BAYSIDE MARKET PLACE**  
CITY-ST-ZIP **MIAMI, FL 33132**

TITLE ☐ Delete  
NAME **TD ALONSO, CLEMENTINA**  
STREET ADDRESS **1614 PENNSYLVANIA AVE SUITE 1C**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **401 BISCAYNE BLVD #43 BAYSIDE MARKET PLACE**  
CITY-ST-ZIP **MIAMI, FL 33132**

TITLE ☐ Delete  
NAME **SD STEVEN D CLAYTON**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **SD STEVEN D CLAYTON**  
STREET ADDRESS **401 BISCAYNE BLVD #43 BAYSIDE MARKET PLACE**  
CITY-ST-ZIP **MIAMI, FL 33132**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: X**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**05-27-00**  
Date

**(305) 838-9505**  
Daytime Phone #

CR2E034 (9/99)