

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90988 005 ***150.00

DOCUMENT # P99000038783

1. Entity Name

KAISER INTERNATIONAL TRADING CORP.

Principal Place of Business

401 BISCAYNE BLVD.

#43 BAYSIDE MARKET PLACE

MIAMI, FL. 33132

Mailing Address

401 BISCAYNE BLVD.

#43 BAYSIDE MARKET PLC.

MIAMI, FL. 33132

2. Principal Place of Business

401 BISCAYNE BLVD.

3. Mailing Address

401 BISCAYNE BLVD.

Suite, Apt. #, etc.

#43 BAYSIDE MARKET PLACE

City & State
MIAMI

Suite, Apt. #, etc.

#43 BAYSIDE MARKET PLACE

City & State
MIAMI

Zip

33132

Country

Zip

33132

Country

4. FEI Number

65-0918448

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

perez akrem a.

401 BISCAYNE BLVD.

#43 BAYSIDE MARKET PLACE

MIAMI, FL. 33132

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

CR2E083 (11/99)

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE PD
NAME PEREZ ALBERTO
STREET ADDRESS 401 BISCAYNE BLVD. #43 BAYSIDE
CITY-ST-ZIP MARKET PLACE. MIAMI, FL. 33132

☐ Delete

TITLE VSD
NAME PEREZ AKREM A.
STREET ADDRESS 401 BISCAYNE BLVD. #43 BAYSIDE
CITY-ST-ZIP MARKET PLACE, MIAMI, FL. 33132

☐ Delete

TITLE TD
NAME ALONSO, CLEMENTINA
STREET ADDRESS 401 BISCAYNE BLVD. #43 BAYSIDE
CITY-ST-ZIP MARKET PLACE, MIAMI, FL. 33132

☐ Delete

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/23/01

305-371-5151