

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90042 049 ***150.00

DOCUMENT # P99000038783

1. Entity Name

KAISER INTERNATIONAL TRADING CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

401 BISCAYNE BLVD.

3. Mailing Address

401 BISCAYNE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

43 BAYSIDE MARKET PLACE

43 BAYSIDE MARKET PLACE

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33132

Country

Zip

33132

Country

4. FEI Number

65-0918448

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PEREZ, AKREM A

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

401 BISCAYNE BLVD. #43 BAYSIDE MARKET PL

City

MIAMI

FL

Zip Code

33132

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP | PD PEREZ, ALBERTO 401 BISCAYNE BLVD. #43 BAYSIDE MIAMI, FL. 33132 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD PEREZ, AKREM A 401 BISCAYNE BLVD. #43 BAYSIDE MIAMI, FL. 33132 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ALONSO, CLEMENTINA 401 BISCAYNE BLVD. #43 BAYSIDE MIAMI, FL. 33132 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CLAYTON, STEVEN D 401 BISCAYNE BLVD. #43 BAYSIDE MIAMI, FL. 33131 |
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-02

Date

305-371-5154

Daytime Phone #