

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042976

1. Entity Name

KCS-MIAMI, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90069 003 ***150.00

Principal Place of Business

Mailing Address

1050 E 23 STREET
HIALEAH FL 33013

1050 E 23 STREET
HIALEAH FL 33013-4322

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0917821

Applied For

Not Applicable

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

RODRIGUEZ, ERNESTO C
1050 E 23 STREET
HIALEAH FL 33013

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

VD	RODRIGUEZ, ERNESTO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	1050 E 23 STREET		NAME	
ST-ZIP	HIALEAH FL 33013		STREET ADDRESS	
			CITY-ST-ZIP	
PD	HAMILTON	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	HAMILTON, JAMES M		NAME	
ST-ZIP	1050 E 23 STREET		STREET ADDRESS	
	HIALEAH FL 33013		CITY-ST-ZIP	
		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS			NAME	
ST-ZIP			STREET ADDRESS	
			CITY-ST-ZIP	
		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS			NAME	
ST-ZIP			STREET ADDRESS	
			CITY-ST-ZIP	
		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS			NAME	
ST-ZIP			STREET ADDRESS	
			CITY-ST-ZIP	
		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS			NAME	
ST-ZIP			STREET ADDRESS	
			CITY-ST-ZIP	

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 furnished 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

2/2/00

Date

305 696-2295

Daytime Phone #

CR2E034 (9/99)