2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055731

FILED
Mar 02, 2000 8:00 am
Secretary of State
03-02-2000 90084 007 ***150.00

1. Entity Name
KANJIMOTO PERFORMANCE INC.

Principal Place of Business	Mailing Address
2292 NW 81ST AVE SUNRISE FL 33322	2292 NW 81ST AVE SUNRISE FL 33322-3008

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1802-102-N University Dr.	1802-102 N University Dr.
Suite, Apt. #, etc.: # 234	Suite, Apt. #, etc.: # 234
City & State: Plantation FL.	City & State: Plantation FL.
Zip: 33322 Country: USA	Zip: 33322 Country: USA

4. FEI Number 65-0931652 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, ANDRE
2292 NW 81ST AVE
SUNRISE FL 33322

7. Name and Address of New Registered Agent

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] 2/10/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PST SMITH, ANDRE 2292 NW 81ST AVE SUNRISE FL 33322 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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] 2/10/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #