

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91301 049 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055731

1. Entity Name

Kanjimoto Performance Inc. ✓

DO NOT WRITE IN THIS SPACE

11024102

2. Principal Place of Business
P.O. BOX 492031

3. Mailing Address
P.O. BOX 492031

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FT. LAUDERDALE, FLORIDA

City & State
FT. LAUDERDALE, FLORIDA

4. FEI Number
650931652

Applied For
Not Applicable

Zip
33349

Country
USA

Zip
33349

Country
USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **VETA SMITH**

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

2292 NW 81st AVENUE

City **SUNRISE**

FL

Zip Code
33322

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]
Signature of registered agent or trustee if applicable.

(NOTE: Registered Agent signature required when completing)

4/24/03
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	S. VETA SMITH 2292 NW 81st AVE. SUNRISE, FL.33322
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DO NOT WRITE IN THIS SPACE

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 empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03
DATE

Daytime Phone #

CR2E034B (12/01)