

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90004 047 ***558.75

DOCUMENT # P99000088429

1. Entity Name
KIRETSU TECHNOLOGY, INC.

Principal Place of Business
8362 PINES BOULEVARD #303
PEMBROKE PINES FL 33024

Mailing Address
8362 PINES BOULEVARD #303
PEMBROKE PINES FL 33024

2. Principal Place of Business
411 SW 68 Blvd

3. Mailing Address
8362 Pines Blvd

Suite, Apt. #, etc.
#303

City & State
Pembroke Pines FL

City & State
Pembroke Pines FL

Zip
33023

Country
USA

Zip
33024

Country
USA

4. FEI Number
65-0954342

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPEARS, LONNIE C
8362 PINES BOULEVARD #303
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

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)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE
P ☐ Delete
NAME
SPEARS, LONNIE C
STREET ADDRESS
411 SW 68 BLVD.
CITY-ST-ZIP
PEMBROKE PINES FL 33023

TITLE
VP ☐ Delete
NAME
DUNCAN, CLINT
STREET ADDRESS
140 BAILEY CT.
CITY-ST-ZIP
ZIONSVILLE IN 46077

TITLE
S ☐ Delete
NAME
SPEARS, WANDA T
STREET ADDRESS
411 SW 68 BLVD.
CITY-ST-ZIP
PEMBROKE PINES FL 33023

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Wanda T. Spears
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 1 2001
Date

954 986 4958
Daytime Phone #

CR2E034 (5/01)