

2003 **FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90213 001 \*\*\*150.00

**DOCUMENT #** P99000094926

**1. Entity Name**

KIT GLOVES MANAGEMENT, INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

1819 - 79th St. Cswy.

Suite, Apt. #, etc.

**3. Mailing Address**

1819 - 79th St. Cswy.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
Miami Beach, FL

**City & State**  
Miami Beach, FL

**4. FEI Number**  
65-0957457

**Applied For**  
Not Applicable

**Zip**  
33141

**Country**  
USA

**Zip**  
33141

**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**  
Chris Grentner

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

1819 - 79th St. Cswy.

**City** Miami Beach, **FL** **Zip Code** 33141

**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 reinsuring)

**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**  
PSTD  
**NAME**  
Chris Grentner  
**STREET ADDRESS**  
1819 - 79th St. Cswy.  
**CITY-ST-ZIP**  
Miami Beach, FL 33141

**TITLE**  
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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:**

Chris Grentner

**DATE**

**DAYTIME PHONE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)