

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098296

1. Entity Name

KINAS.COM, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 26 AM 9:31

Principal Place of Business

Mailing Address

5455 N.W. 8TH STREET
SUITE 245
MIAMI FL 33134

5455 N.W. 8TH STREET
SUITE 245
MIAMI FL 33134-2270

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0959483

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ESCOBAR, ALBERTO
5455 N.W. 8TH STREET
SUITE 245
MIAMI FL 33134

Name

FLORIDA ANNUAL REPORT SERVICES

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

2300 CORAL WAY

SUITE 200

City

MIAMI

FL

Zip Code

33145

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

AMADA CANTERA LOPEZ, PRES.

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 ☐ Delete
NAME PD
STREET ADDRESS CARDONA, LUIS
CITY-ST-ZIP 584 N.W. 135TH TERRACE
PLANTATION FL 33325

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VTD
STREET ADDRESS DE FRANCISCO, ALEJANDRO
CITY-ST-ZIP 7471 N.W. 167TH TERRACE
MIAMI LAKES FL 33015

TITLE ☐ Change ☐ Addition
NAME 400003235264--9
STREET ADDRESS -05/02/00--01057--015
CITY-ST-ZIP *****150.00 *****150.00

TITLE ☐ Delete
NAME VSD
STREET ADDRESS ESCOBAR, ALBERTO
CITY-ST-ZIP 19130 BOB-O-LINK DRIVE
MIAMI LAKES FL 33015

TITLE ☒ Change ☐ Addition
NAME VSD
STREET ADDRESS TABERAS, FELIPE
CITY-ST-ZIP 2300 CORAL WAY, STE. 200
MIAMI, FL 33145

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: *Luis Cardona*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LUIS CARDONA, PRES.

Date

Daytime Phone #

CR2E034 (9/99)