

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S50550

1. Entity Name
K.Y.O.B., INC.

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90095 050 ***150.00

Principal Place of Business

Mailing Address

9350 S DIXIE HWY
STE 1450
MIAMI FL 33156
US

P O BOX 85
MIAMI FL 33156
US

00027401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

700 N. HIATUS RD

700 N. HIATUS RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 103

STE 103

City & State

City & State

Pembroke Pines FL

Pembroke Pines FL

Zip

Country

33006

Zip

Country

33006

4. FEI Number 65-0279155

Applied For

Not Applicable

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

OQUENDO, RAPHAEL

Name

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

700 N. HIATUS RD #103

City

Pembroke Pines FL

Zip Code

33026

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 \$150.00
After MAY 1, 2001 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
PTSD
RAPHAEL, OQUENDO
9350 S DIXIE HWY STE 1450
MIAMI FL 33156. ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700 N. HIATUS RD #103
Pembroke Pines FL 33006 ☒ Change ☐ Addition

TITLE
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☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)