

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

**FILED**  
**Jun 04, 2002 8:00 am**  
**Secretary of State**

06-04-2002 90206 007 \*\*\*550.00

**DOCUMENT # L23585**  
1. Entity Name  
**KIFLA INVESTMENTS, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>1180 Celebration Blvd.</b>		3. Mailing Address <b>1180 Celebration Blvd.</b>	
Suite, Apt. #, etc. <b>Suite 105</b>		Suite, Apt. #, etc. <b>Suite 105</b>	
City & State <b>Celebrtaion, Florida</b>		City & State <b>Celebration, Florida</b>	
Zip <b>34747</b>	Country <b>USA</b>	Zip <b>34747</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0168375</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <b>WILLIAM T. DYMOND, JR.</b>
Street Address (P.O. Box Number is Not Acceptable)
<b>215 NORTH EOLA DRIVE</b>
City <b>ORLANDO</b>
State <b>FL</b>
Zip Code <b>32801</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typout or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			
TITLE <b>DP</b>	NAME <b>DAHURJ, JOSE</b>	TITLE	
STREET ADDRESS <b>1180 Celebration Blvd.</b>	STREET ADDRESS <b>Celebration, Florida 34747</b>	NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE <b>DVPS</b>	NAME <b>SUCAR, ANTONIO</b>	TITLE	
STREET ADDRESS <b>1180 Celebration Blvd.</b>	STREET ADDRESS <b>Celebration, Florida 34747</b>	NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE <b>DVPT</b>	NAME <b>JODZINSKY, ROBERTO CARLOS</b>	TITLE	
STREET ADDRESS <b>1180 Celebration Blvd.</b>	STREET ADDRESS <b>Celebration, Florida 34747</b>	NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**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: \_\_\_\_\_ DATE: **5/23/02**

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JOSE DAHURJ** Date Daytime Phone #

CR2E034B (12/01)