# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 01, 2001 8:00 am**
**Secretary of State**
02-01-2001 90143 033 ***150.00

DOCUMENT # P00000066135

1. Entity Name

KIAORA ENTERPRISES INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O NRAI SERVICES. INC.<br>526 EAST PARK AVE.<br>TALLAHASSEE FL 32301 | C/O NRAI SERVICES. INC.<br>526 EAST PARK AVE.<br>TALLAHASSEE FL 32301 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4115 KIAORA ST | C/O POLISENO 66 FORDHAM AV |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: COCONUT GROVE FL | City & State: HICKSVILLE NY |
| Zip: 33133-6349 Country: USA | Zip: 11801-5600 Country: USA |

4. FEI Number: 65-1030508 ☐ 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 |
|---|---|
| NRAI SERVICES, INC.<br>526 EAST PARK AVE.<br>TALLAHASSEE FL 32301 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 | PRESIDENT<br>CASTOR A FERNANDEZ<br>4115 KIAORA ST<br>COCONUT GROVE FL 33133 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SECRETARY<br>NICHOLAS J. POLISENO<br>66 FORDHAM AV<br>HICKSVILLE NY 11801 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
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CR2E034 (10/00)

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:** _____ CASTOR A FERNANDEZ 305-372-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #