

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90026 038 \*\*\*150.00

0393473

**DOCUMENT # P14211**

1. Entity Name  
**KINASHA CORPORATION, N.V.**

Principal Place of Business  
**100 PINE STREET  
 SUITE 3225  
 SAN FRANCISCO CA 94111  
 US**

Mailing Address  
**100 PINE STREET  
 SUITE 3225  
 SAN FRANCISCO CA 94111  
 US**

2. Principal Place of Business  
**660 SACRAMENTO ST.**  
 Suite, Apt. #, etc.  
**SUITE 200**

3. Mailing Address  
**660 SACRAMENTO ST.**  
 Suite, Apt. #, etc.  
**SUITE 200**

City & State  
**SAN FRANCISCO, CA.**  
 Zip  
**94111**  
 Country  
**USA**

City & State  
**SAN FRANCISCO, CA**  
 Zip  
**94111**  
 Country  
**USA**

4. FEI Number **98-0060343**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**REGENCY REALTY GROUP, INC.  
 ATTN: ROBERT L. MILLER VARD  
 121 W. FORSYTH ST., SUITE 200  
 JACKSONVILLE FL 32202**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 \_\_\_\_\_ (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	<b>P</b> <b>MURDAYA, HARTATI</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>100 PINE STREET #3225</b>	
CITY-ST-ZIP	<b>SAN FRANCISCO CA</b>	
TITLE NAME	<del><b>S</b> <b>GEORGE CHEN</b></del>	<del><input checked="" type="checkbox"/> Delete</del>
STREET ADDRESS	<del><b>100 PINE ST., #3225</b></del>	
CITY-ST-ZIP	<del><b>SAN FRANCISCO CA</b></del>	
TITLE NAME	<b>C</b> <b>MURDAYA, WIDYAWIMARTA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>100 PINE ST., #3225</b>	
CITY-ST-ZIP	<b>SAN FRANCISCO CA</b>	
TITLE NAME	<b>S</b> <b>KURNIAWAN ANTONO</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>660 SACRAMENTO ST., SUITE 200</b>	
CITY-ST-ZIP	<b>SAN FRANCISCO, CA 94111-2527</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>660 SACRAMENTO ST. # 200</b>	
CITY-ST-ZIP	<b>SAN FRANCISCO, CA. 94111</b>	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>SAME AS ABOVE</b>	
CITY-ST-ZIP		
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>SAME AS ABOVE</b>	
CITY-ST-ZIP		
TITLE NAME	<b>S</b> <b>KURNIAWAN ANTONO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>660-SACRAMENTO ST., SUITE 200</b>	
CITY-ST-ZIP	<b>SAN FRANCISCO, CA 94111-2527</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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: Kurniawan Antono **KURNIAWAN ANTONO - SECRETARY** 3/1/00 415-765-0475  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)