

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065098

1. Entity Name
KRIS INTERNATIONAL INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90149 006 ***150.00

Principal Place of Business Mailing Address
1401 W. FLAGLER. STE. 207 1401 W. FLAGLER. STE. 207
FL 33135 MIAMI FL 33135-2254



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1401 W. FLAGLER ST Suite **PO Box 011979**
Suite, Apt. #, etc. Suite, Apt. #, etc.
207
City & State **Miami Florida** City & State **Miami Florida**
Zip **33135** Country **DADE** Zip **33101** Country **DADE**

4. FEI Number **65-0883457** 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

KRISTOFER, GRAY
390 NW 2ND ST SUITE 311
MIAMI FL 33128

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, 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	PC	<input checked="" type="checkbox"/> Delete	TITLE	P/T C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALDSON, JR., ALBERT J		NAME	KRISTOFER GRAY	
STREET ADDRESS	PO BOX 011979		STREET ADDRESS	390 NW 2nd St Apt 311	
CITY-ST-ZIP	MIAMI FL 33101		CITY-ST-ZIP	MIAMI FL 33128	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALDSON, KHALIA A		NAME	Mrs Juanita Haynes	
STREET ADDRESS	PO BOX 011979		STREET ADDRESS	P.O. Box 011979	
CITY-ST-ZIP	MIAMI FL 33101		CITY-ST-ZIP	Miami FL 33101	
TITLE	TS	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALDSON, MAVIS		NAME	Ruben Hernandez	
STREET ADDRESS	PO BOX 011979		STREET ADDRESS	P.O. Box 011979	
CITY-ST-ZIP	MIAMI FL 33101		CITY-ST-ZIP	Miami FL 33101	
TITLE	M	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALDSON, SR., ALBERT J		NAME	C. Delano Gray	
STREET ADDRESS	PO BOX 011979		STREET ADDRESS	P.O. Box 011979	
CITY-ST-ZIP	MIAMI FL 33101		CITY-ST-ZIP	Miami FL 33101	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAY, KRISTOFER		NAME	Albert Donaldson Jr	
STREET ADDRESS	390 N.W. 2ND ST., APT. 311		STREET ADDRESS	PO Box 011979	
CITY-ST-ZIP	MIAMI FL 33135		CITY-ST-ZIP	MIAMI FL 33101	
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Khalia A Donaldson	
STREET ADDRESS			STREET ADDRESS	PO Box 011979	
CITY-ST-ZIP			CITY-ST-ZIP	Miami FL 33101	

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: *Kristofer Gray* 1/27/2000 (305)649-8717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)