2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

P99000110328

1. Entity Name

KALALANTA CORP.



Principal Place of Business 2601 E. OAKLAND PARK BLVD. SUITE 400		Mailing Address 2601 E. OAKLAND PARK BLVD. SUITE 400		-					
FORT LAUDERDALE FL 33306		FORT LAUDERDALE FL 33306]				## # 	
2. Principal Place of Business		3. Mailing Address		 .					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HER	É IF MÁKING	G CHANGE	S	
City & State		City & State		4. FEI Nu	imber 65-0969573	 3		Applied For Not Applicable	
Zip	-Country	Zip	Country	,	5. Certific	cate of Status Desired		\$8.75 A	dditional
	6. Name and Address of Current	Registered Agent			7. Name	and Address of New	Registered	Fee Requi	red
חמעודת ו	AND A AND IN	. ــــــ د ين د ـــــ ح ــــــــ د يه خ		Name					
	WILLARD D	Street Addr		Street Address (F	P.O. Box Nur	mber is Not Acceptable	(a)		
	Dakland Park Blvd.					THOU IN THOU PROCESSION			
SUITE 40									
FURI LAI	UDERDALE FL 33306			City			FL	Zip Co	
8. The above	e named entity submits this statement fo	r the purpose of changing i	its registered	office or registers	ad agent or	hoth in the State of El	I L		
the obliga	tions of registered agent.	1		omed of registers	agent, or	both, in the State of Fi	orida. I am	ramiliar with	i, and accept
SIGNATURE	John To The	Total C							
	shature, typed or printed name of registered agent a	and title if applicable. (NO	OTE: Registered Ag	gent signature required v	when reinstating)		DATE		
" F	ILE NOW!!! FEE IS \$150.00					*			
Afte Make Check	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State				Election Campaign Fi Trust Fund Contribution		\$ 5. 9 Adde	00 May Be ed to Fees
10.	OFFICERS AND	DIRECTORS	11.	· <u>-</u> -	ADDITION	S/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 11
TITLE	D	☐ Delete	TITLE				1021107110	☐ Change	☐ Addition
NAME STREET ADDRESS	FLEMING, JOANNE L		NAME	ŀ				t ogo	
CITY-ST-ZIP	4682 S. LAKE DRIVE BOYNTON BEACH FL 33436	•	STREET A						
TITLE	DOTITION BEACHT E 33438		CITY-ST-	-ZIP					<u></u> _
NAME		Delete	l title Name	l				Change	☐ Addition
STREET ADDRESS			STREET A	DDRESS					
CITY-ST-ZIP	The state of the s	_	CITY-ST-	1					
TITLE	# 1 m	□. Delete .	TITLE					☐ Change	— — Addising
NAME Street address			NAME		مهسمت ا	eriya ili iya se kaliya a <u>as</u> a		L Criarige	Addition
CITY-ST-ZIP			STREET AL	i i					
TITLE			CITY-ST-	ZIP					
NAME		Delete	TITLE					☐ Change	☐ Addition
STREET ADDRESS			NAME Street ad	200500					
CITY-ST-ZIP			CITY-ST-2						
TITLE		☐ Delete	TITLE						
IAME			NAME					☐ Change	☐ Addition
TREET ADDRESS			STREET AD	DRESS					ļ
SITY-ST-ZIP			CITY-ST-Z	IP I					
ITLE		Delete	TITLE				···	☐ Change	☐ Addition
TREET ADDRESS		1984	NAME						
ITY-ST-ZIP	•.··		STREET ADI			4			
			CITY-ST-Z	ir I					

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICERS DIRECTOR

1-12-03

954-565-220

Daytime Phone #

` ;

FILED

Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90195 047 ***150.00

CR2E034 (10/02)