

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000007911

**Entity Name:** KALEIDOSCOPE MUSART, INC.

**FILED**  
**May 01, 2019**  
**Secretary of State**  
**0626636266CC**

**Current Principal Place of Business:**

8335 SW 72ND AVE.  
APT. 113  
MIAMI, FL 33143

**Current Mailing Address:**

8335 SW 72ND AVE.  
APT. 113  
MIAMI, FL 33143 US

**FEI Number: 81-3554757**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GEGPRIFTI, INESA  
8335 SW 72ND AVE.  
APT. 113D  
MIAMI, FL 33143 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PRES  
Name           GEGPRIFTI, INESA  
Address       8335 SW 72ND AVE. APT. 113  
City-State-Zip: MIAMI FL 33143

Title           D  
Name           CUBISINO, LUCA  
Address       5700 SW 60TH ST. APT 3  
City-State-Zip: MIAMI FL 33143

Title           VP  
Name           LLUPA, REDI  
Address       8335 SW 72ND AVE.  
              APT. 113D  
City-State-Zip: MIAMI FL 33143

Title           C  
Name           SUMAREVA, MARIA  
Address       403 S. HARVARD RD.  
City-State-Zip: GLASSBORO NJ 08028-1563

Title           T  
Name           YURA, AKINA  
Address       1021 WTRY RD  
City-State-Zip: NISKAYUNA NY 12309

Title           DIR  
Name           BUSSAD, RODRIGO  
Address       838 E 53RD STREET, APT. 2W  
City-State-Zip: CHICAGO IL 60615

Title           DIR  
Name           BEJO, ERMIR  
Address       424 BERNARD STREET  
              APT 106  
City-State-Zip: DENTON TX 76201

Title           DIR  
Name           CAMPOS, JOAO  
Address       6001 SW 70TH ST UNIT 552  
City-State-Zip: SOUTH MIAMI FL 33143

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: INESA GEGPRIFTI**

**PRESIDENT**

**05/01/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title S  
Name NOURISHIRAZI, EMIRI  
Address 1500 VENERA AVENUE  
APT 1R  
City-State-Zip: CORAL GABLES FL 33146