2002	2 UNII	ORM BUS		FILED Jan 09, 2002 8:00 am							
DOCU 1. Entity Nam KURA, IN		# 54918	2				Secretary of State 01-09-2002 90016 001 ***150.00				Ş
3400 MCINTO P.O. BOX 210	ce of Business OSH RD., #E-1; 066 DALE FL 33335		Mailing Address 3400 MCINTOSH RD #E-12 P.O. BOX 21066 FT. LAUDERDALE FL 33335-1066							Marka Sylva JESI	
2. Principal P	Place of Busine	ess	3. Mailing Address				T HOUSEN WEIGHT BENEFO HOURD HEADER (MAINE)	ijai biaii bil	is mimit menti i	018)(E191) (80)	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4.	FEI Number 59-1772339			pplied For ot Applicable	}
Zip Country		Zíp	Counti		5.	Certificate of Status Desired		8.75 Add		1	
	6. Name	and Address of Current	Registered Agent.			7	Name and Address of New Regi	stered Ag	ent		1
JOSEPHS	S. TEWFICK	S.			Name						}
4355 NW	64 AVENUE				Street Addre	ess (P.O. I	Box Number is Not Acceptable)				
CORAL S	Springs fl	33067			ĺ						
·					City			FL	Zip Code	9	1
8. The above	named entity	submits this statement fo	r the purpose of changing its	register	ed office or reg	istered aç	gent, or both, in the State of Florida	a.			
SIGNATURE .	Signature, typed o	r printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature re	quired when r	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, 2002 Fee will be \$550.00 Make Check Payable to Department of St				10. Election Campaign Financ Trust Fund Contribution.	ing		0 May Be to Fees	
11.		OFFICERS AND	DIRECTORS	12.		Αſ	ODITIONS/CHANGES TO OFFICE	RS AND E	IRECTORS	S IN 11	1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSEPHS, 7010 NW CORAL SF	38TH MANOR	☐ Deletc	1				I	☐ Change	☐ Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KARRAM, 7010 NW CORAL SF	38TH MANOR	☐ Delete		I				Change	☐ Addition	38
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOSEPHS, 7010 NW CORAL SF	BATH MANOR	☐ Delete	•	l l			[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1	,		_	Į	Change	☐ Addition	
TITLE NAME STREET ADDRESS : CITY-ST-ZIP			☐ Delete		ı ı			(Change	☐ Addition	
TITLE			. Delete	TITLE] Change	☐ Addition]

. Delete

NAME

STREET ADDRESS

SIGNATURE:

13. I hereby certify that the information suppindicated on this report of supplemental of the corporation or the receiver or trus changed, or on an attachment with an a

CITY-ST-ZIP

NAME

STREET ADDRESS

ed with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information eport 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 be empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if dress, with all other like empowered.

CITY-ST-ZIP

☐ Change

01/04/2002 (964)524-1991 Date Phone #

☐ Addition