

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91468 024 ***150.00

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DOCUMENT # F64609

1. Entity Name

KALA INVESTMENTS, INC.



Principal Place of Business

% TRIZEL COMMERCIAL REAL ESTATE SERVICES
250 CATALONIA AVENUE
CORAL GABLES FL 33134

Mailing Address

% TRIZEL COMMERCIAL REAL ESTATE SERVICES
250 CATALONIA AVENUE
CORAL GABLES FL 33134

2. Principal Place of Business

C/O Prats Fernandez

3. Mailing Address

C/O Prats Fernandez

Suite, Apt. #, etc.

2121 Ponce de Leon Blvd #240

Suite, Apt. #, etc.

2121 Ponce de Leon Blvd #240

City & State

Coral Gables FL

City & State

Coral Gables FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

59-1717791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

~~CRISTIAN THOMAS~~
~~250 CATALONIA AVENUE~~
~~SUITE 305~~
~~CORAL GABLES FL 33134~~

7. Name and Address of New Registered Agent

Name **Seidman, Prewitt & O. Bello, PA**
Street Address (P.O. Box Number is Not Acceptable) **5900 Broken Sound Pkwy**
Suite 101
City **Boca Raton** FL Zip Code **33487**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

J. Coleman Prewitt VP

4-21-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **NARDI, EZIO**
STREET ADDRESS ~~250 CATALONIA AVE #305~~
CITY-ST-ZIP ~~CORAL GABLES FL~~

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Address**
STREET ADDRESS **1000 BRICKELL AVE, SUITE 900**
CITY-ST-ZIP **MIAMI, FL. 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EZIO NARDI

4/25/03

Date

561-226-9365

Daytime Phone #

CR2E034 (10/02)