## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT#** 

Principal Place of Business

4001 N. OCEAN BLVD.. #401B BOCA RATON FL 33431

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

F9300000110

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

4001 N. OCEAN BLVD., #401B

BOCA RATON FL 33431

1. Entity Name

KAYSER INVESTMENTS, S.A.

FILED Jan 29, 2003 8:00 am Secretary of State

01-29-2003 90131 047 \*\*\*150.00

90012054

☐ CHECK HERE IF MAKING CHAN	GES
FEI Number NOT APPLICABLE	Applied For
NOT AFT LIOADLL	Not Applicable
Certificate of Status Desired \$8.75	Additional quired
Name and Address of New Registered Agent	·

DATE

VAN BERGH, ANITA 4001 N. OCEAN BLVD #401B BOCA RATON FL 33431

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

(NOTE: Registered Agent signature required when reinstating)

Country

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Country

6. Name and Address of Current Registered Agent

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

Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE TORO, ALVARO NAME NAME 4001 N OCEAN BLVD #401B STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP CITY-ST-ZIP SD TITLE □ Delete TITLE Change Addition TORO, MARI A NAME NAME 4001 N OCEAN BLVD #401B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZiP TD . Delete ~TITLE~ TITLE NAME TORO, MARIA E NAME STREET ADDRESS 4001 N OCEAN BLVD #401B STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

loro

JAH 23/03

ate Daytime P

Daytime Phone #