

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 91468 023 \*\*\*150.00

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**DOCUMENT # F95000002095**

1. Entity Name  
**KIGI INVESTMENT, INC.**



Principal Place of Business  
**% TRIZEL**  
**250 CATALONIA AVE. SUITE 305**  
**CORAL GABLES FL 33134**

Mailing Address  
**% TRIZEL**  
**250 CATALONIA AVE. SUITE 305**  
**CORAL GABLES FL 33134**

2. Principal Place of Business  
**610 Prats, Fernandez**  
Suite, Apt. #, etc.  
**2121 Ponce de Leon Blvd #240**

3. Mailing Address  
**610 Prats, Fernandez**  
Suite, Apt. #, etc.  
**2121 Ponce de Leon Blvd #240**



☒ CHECK HERE IF MAKING CHANGES

City & State  
**Coral Gables FL**  
Zip  
**33134** Country  
**USA**

City & State  
**Coral Gables FL**  
Zip  
**33134** Country  
**USA**

4. FEI Number  
**59-1715969**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CHIALASTRI TOM~~  
~~250 CATALONIA AVE. SUITE 305~~  
~~CORAL GABLES FL 33134~~

Name  
**Seldman, Prewitt & D. 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 **J. Coleman Prewitt, VP** DATE **4-21-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P NARDI, EZIO**  
**250 CATALONIA AVE. SUITE 305**  
**CORAL GABLES FL 33134**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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

**4/25/03** **561-226-9365**  
Date Daytime Phone #

CR2E034 (10/02)