2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

DOCUMENT # F96000006806 Apr 05, 2000 8:00 am Secretary of State 1. Entity Name KISSALLE LTD., INC. 04-05-2000 90121 018 ***150.00 Mailing Address Principal Place of Business 1858 RINGLING BLVD 1858 RINGLING BLVD SARASOTA FL 34236 SARASOTA FL 34236-5917 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City'& State 4. FEI Number 98-0164658 Not Applicable Zip Country Zic. Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GLENDINNING, RENEA-M---Street Address (P.O. Box Number is Not Acceptable) 1858 RINGLING BLVD SARASOTA FL 34236 Zip Code City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition Del ale TITLE TITLE VALDIR MANAGERS LIMITED NAME NAME 50 TOWN RANGE STREET ADORESS STREET ADDRESS GIBRALTAR FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE HASSAN, JAMES D NAME NAME 50 TOWN RANGE STREET ADDRESS STREET ADDRESS GIBRALTAR FL CITY-ST-ZIP CITY-ST- NP ☐ Addition ☐ Change æ ⊡ Delete = --TITLE 'TITLE' FINSBURY SECRETARIES LIMITED NAME NAME 50 TOWN RANGE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GIBRALTAR FL CITY-ST-ZIP ☐ Addition ☐ Change Delete TITI F TITLE PERERA, MAURICE A NAME NAME **50 TOWN RANGE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIF GIBRALTAR FL CITY-ST-ZIP Change ☐ Addition Delate TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 suppliemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.