

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90170 024 ***150.00

DOCUMENT # K19584

1. Entity Name
KRYPTO INTERNATIONAL EXPORT, INC.



Principal Place of Business
**1818 WEST FLAGLER, 2ND FLOOR
MIAMI FL 33135**

Mailing Address
**1818 WEST FLAGLER, 2ND FLOOR
MIAMI FL 33135**



2. Principal Place of Business

1606 Kennedy Cswy

3. Mailing Address

1606 Kennedy Cswy

Suite, Apt. #, etc.

Suite # 308

Suite, Apt. #, etc.

Suite # 308

City & State

North Bay Village, FL

City & State

North Bay Village, FL

Zip

33141

Country

USA

Zip

33141

Country

USA

4. FEI Number **65-0041368**

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

**DASCAL, JACQUELINE
1818 WEST FLAGLER, 2ND FLOOR
MIAMI FL 33135**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**1606 Kennedy Cswy - Ste # 308
City North Bay Village FL Zip Code 33141**

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

**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 **PSD** ☐ Delete
NAME **DASCAL, JACQUELINE**
STREET ADDRESS **1818 WEST FLAGLER, 2ND FLOOR**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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

1/15/03

Date

Daytime Phone #

CR2E034 (10/02)