

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90001 045 ****50.00

DOCUMENT # L01000022306

1. Entity Name

KISS INTERNATIONAL SERVICES & SUPPLIERS, LLC



Principal Place of Business

Mailing Address

245 SE 1ST STREET Suite 217
MIAMI FL 33131

245 SE 1ST STREET Suite 217
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

245 SE 1st St.
Suite, Apt. #, etc. 217

245 SE 1st St.
Suite, Apt. #, etc. 217

City & State

City & State

Miami FL

Miami FL

Zip

Country

Zip

Country

33131 USA

33131 USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **60-0000241**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS NETWORK INC.

941 FOURTH STREET #200

MIAMI BEACH FL 33139

Name

ANA MARIA MONDONEDO PINTADO

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

245 SE 1ST STREET #217

City

MIAMI, FLORIDA

FL

Zip Code

33131

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

X *[Signature]*
Signature, typed or printed name of registered agent or authorized representative if applicable.

OFFICER

01/29/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **MONDONEDO PINTADO, ANA MARIA**
STREET ADDRESS **401 BOX 620011**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **MGR** ☒ Change ☐ Addition
NAME **MONDONEDO PINTADO, ANA MARIA**
STREET ADDRESS **245 SE 1ST STREET #217**
CITY-ST-ZIP **MIAMI, FLORIDA 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee appointed to administer this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **X** *[Signature]*

SIGNATURE REQUIRED OFFICER

01/29/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)

0013862