

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

FILED
Jun 04, 2002 8:00 am
Secretary of State

06-04-2002 90206 007 ***550.00

DOCUMENT # L23585

1. Entity Name

KIFLA INVESTMENTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1180 Celebration Blvd.

3. Mailing Address

1180 Celebration Blvd.

Suite, Apt. #, etc.

Suite 105

Suite, Apt. #, etc.

Suite 105

City & State

Celebrtaion, Florida

City & State

Celebration, Florida

4. FEI Number

65-0168375

Applied For

Not Applicable

Zip

34747

Country

USA

Zip

34747

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

WILLIAM T. DYMOND, JR.

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

215 NORTH EOLA DRIVE

City

ORLANDO

FL

Zip Code

32801

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **DP**
NAME
STREET ADDRESS
CITY - ST - ZIP

DAHRUJ, JOSE
1180 Celebration Blvd.
Celebration, Florida 34747

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **DVPS**
NAME
STREET ADDRESS
CITY - ST - ZIP

SUCAR, ANTONIO
1180 Celebration Blvd.
Celebration, Florida 34747

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **DVPT**
NAME
STREET ADDRESS
CITY - ST - ZIP

JODZINSKY, ROBERTO CARLOS
1180 Celebration Blvd.
Celebration, Florida 34747

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

5/23/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)