2001 UNIFORM BUSINESS REPORT (UBR)

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ED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # L29176 Apr 30, 2001 8:00 am Secretary of State 1. Entity Name KILI WATCH, INC. 04-30-2001 90107 023 ***150.00 Principal Place of Business Mailing Address 328 CRANDON BLVD. #111 328 CRANDON BLVD STE 111 KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0159676 Not Applicable Zip Country Zip 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 Name DE MAZIERES, CHRISTIAN Street Address (P.O. Box Number is Not Acceptable) 365 HARBOR CT. **KEY BISCAYNE FL 33149** City Zio Code 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Addition ☐ Delete Change DE MAZIERES, CHRISTIAN NAME NAME 365 HARBOR CT. STREET ADDRESS STREET ADDRESS **KEY BISCAYNE FL 33149** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied indicated on this report or supplemental reports. with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of 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 proposered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

CR2E034 (10/00)