

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M08924

1. Entity Name

KANKA INTERNATIONAL, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90072 016 ***150.00

Principal Place of Business

8177 NW 67 ST
MIAMI FL 33166

Mailing Address

8177 NW 67 ST
MIAMI FL 33166-2739

2. Principal Place of Business

3810 S.W. 79 AVE

Suite, Apt. #, etc.

#58

City & State

MIAMI FL

Zip

33155

Country

USA

3. Mailing Address

3810 S.W. 79 AVE

Suite, Apt. #, etc.

#58

City & State

MIAMI FL

Zip

33155

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2560802

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADRIAN, FRANCISCO
7450 SW 42ND STREET
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name

FRANCISCO ADRIAN

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

3810 S.W. 79 AVE. #58

City

MIAMI

FL

Zip Code

33155

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	DP			
	ADRIAN, FRANCISCO	13020 N CALUSA CLUB DR	MIAMI FL 33166	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	DP				
	ADRIAN, FRANCISCO	3810 S.W. 79 AVE. #58	MIAMI, FL. 33155		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 Block 12 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

4-17-00

Date

305-266-2662

Daytime Phone #

CR2E034 (9/99)