

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 08, 2000 08:00 AM  
Secretary of State

DOCUMENT # M37451

1. Entity Name  
KIBORA, INC.

Principal Place of Business

3191 CORAL WAY, #405

MIAMI  
331453213

FL

Mailing Address

3191 CORAL WAY, #405

MIAMI  
331453213

FL

2. Principal Place of Business

3191 CORAL WAY

3. Mailing Address

3191 CORAL WAY

Suite, Apt. #, etc.  
SUITE 405

Suite, Apt. #, etc.  
SUITE 405

City & State

MIAMI

FL

City & State

MIAMI

FL

Zip  
331453213

Country  
US

Zip  
331453213

Country  
US

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Not Applicable

6. Name and Address of Current Registered Agent

HAUSER JAMES A  
3191 CORAL WAY, #405

MIAMI FL  
331453213 US

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip 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)

06/08/2000

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 AS ☐ Delete  
NAME HAUSER JAMES A  
STREET ADDRESS 3191 CORAL WAY, #405  
CITY-ST-ZIP MIAMI FL 331453213

TITLE PST ☐ Delete  
NAME PHILIPPSOHN, ROLF  
STREET ADDRESS 3191 CORAL WAY, #405  
CITY-ST-ZIP MIAMI FL 331453213

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

12. 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

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

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

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

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

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: Rolf Philippsohn

Doc: 06/08/2000