

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000784

1. Entity Name  
**KISS TRUST, INC.**

Principal Place of Business Mailing Address  
**154 SEBRING DRIVE 154 SEBRING DRIVE**  
**TAVERNIER FL 33070 TAVERNIER FL 33070**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0474101**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DELVALLE, CARLOS**  
**154 SEBRING DRIVE**  
**TAVERNIER FL 33070**

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 *Carlos A. Del Valle*  
Signature, typed or printed name of registered agent and title if applicable.

**CARLOS A. DEL VALLE**

**12/13/01**

DATE

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE **PT** ☐ Delete  
NAME **DELVALLE, CARLOS**  
STREET ADDRESS **154 SEBRING DRIVE**  
CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE **VPT** ☐ Delete  
NAME **DELVALLE, SUSAN**  
STREET ADDRESS **154 SEBRING DRIVE**  
CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE **ST** ☐ Delete  
NAME **SCIANIMANICO, SHARON**  
STREET ADDRESS **812 NARRAGANSETT LANE**  
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **DD** ☐ Delete  
NAME **KING, ANJANETTE**  
STREET ADDRESS **137 CALOOSA STREET**  
CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME **300004741663-8**  
STREET ADDRESS **-12/28/01--01002--004**  
CITY-ST-ZIP **\*\*\*\*175.00 \*\*\*\*175.00**

TITLE ☐ Change ☐ Addition  
NAME **300004741663-8**  
STREET ADDRESS **-12/28/01--01002--005**  
CITY-ST-ZIP **\*\*\*\*\*61.25 \*\*\*\*\*61.25**

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: *Carlos A. Del Valle*

**CARLOS A. DEL VALLE**

**12/15/01**

**305 852-2749**

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CR2E037 (5/01)