## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 00000009227

1. Entity Name
KEBAB USA, INC.
600 North Thacker Ave. Suite C-13
Kissimmee, Florida 34741

SECRETARY OF STATE DIVISION OF CORPORATIONS

2002 MAR 18 PM 1: 20

## DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
600 N. Thacker Ave.

Suite, Apt. #, etc.
C-13
City & State

Kissimmee Florida

3. Mailing Address
600 N. Thacker Ave.

Suite, Apt. #, etc.
C-13
City & State

Kissimmee Florida
Kissimmee Florida

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For Kissimmee, Not Applicable Florida Kissimmee.Florida 59-3622114 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34741 Osceola 34741 Osceola 7. Name and Address of Current Registered Agent

## DO NOT WRITE IN THIS SPACE

Name FLORIDA CORPORATE SUPPORT, INC.

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

200 East Robinson Street, Suite 500
City FL Zip Code 32801

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

(NOTE: Registered Agent signature required when reinstating)

DATE

This corporation is eligible to satisfy its Intangible
 Tax filling 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

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 11. TITLE TITLE Dirèctor NAME -NAME Manfred Schmidt STREET ADDRESS STREET ADDRESS 600 N. Thacker Ave. Ste.C-13 CITY-ST-ZIP CITY-ST-ZIP Kissimmee,Florida 34741 TITLE TITLE 800005134388---03/19/02--01055--001 Director NAME NAME Dr.Werner Fischer STREET ADDRESS STREET ADDRESS \*\*\*\*175.00 \*\*\*\*158.75 600 N.Thacker Ave. Ste.C-13 CITY-ST-ZIP CITY-ST-ZIP Kissimmee, Florida 34741 TITI F TITLE Treasurer NAME NAME Arnd Meuser STREET ADDRESS STREET ADDRESS DO NOT WRITE 600 N.Thacker Ave. Ste. C-13 CITY-ST-7IP CITY-ST-ZIP Kissimmee, Florida 34741 TITLE TITLE IN THIS SPACE Director NAME NAME STREET ADDRESS Roland Czekelius STREET ADDRESS 600 N.Thacker Ave. Ste. C-13 CITY-ST-ZIP CITY-ST-7/P Missimmee, Florida 34741 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 on pursee 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 the component of the corporation of the receiver or pursee 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 the corporation of the receiver or pursee.

600 North Tracker Avenue, Ste. C-13
SIGNATURE: SISSIMPLE LIGHT OF THE CORP.

03-13-02

407-973-2880 Daytime Phone # CR2E034B (12/01)