

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90055 040 ***550.00

DOCUMENT # P00000051856

1. Entity Name
DAJKISS ENTERPRISES, INC.

Principal Place of Business

~~326 S FEDERAL HWY~~
~~DANIA BEACH FL 33004~~

Mailing Address

326 S FEDERAL HWY
 DANIA BEACH FL 33004

2. Principal Place of Business

2840 Stirling Road I

Suite, Apt. #, etc.

Suite I

3. Mailing Address

2840 Stirling Rd

Suite, Apt. #, etc.

Suite I

City & State

Hollywood FL

City & State

Hollywood FL

Zip

33020

Country

Broward

Zip

33020

Country

Broward

6. Name and Address of Current Registered Agent

KISSOONIAL, JAN IAN
1525 SW 101 WAY
APT 103
PEMBROKE PINES FL 33025

7. Name and Address of New Registered Agent

Name

SAME

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **IAN R. KISSOONIAL**

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

(NOTE: Registered Agent signature required when reinstating)

8/22/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **D** ☐ Delete
 NAME **KISSOONIAL, JAN R**
 STREET ADDRESS **1525 SW 101 WAY # 103**
 CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE **D** ☒ Delete
 NAME **KISSOONIAL, JAN D**
 STREET ADDRESS **1525 SW 101 WAY # 103**
 CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE **D** ☐ Delete
 NAME **DACOSTA, LESLEY C**
 STREET ADDRESS **1525 SW 101 WAY # 103**
 CITY-ST-ZIP **PEMBROKE PINES FL 33025**

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
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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: **IAN R. KISSOONIAL**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/02 **954-924-6180**
 Date Daytime Phone #

CR2E034 (4/02)