

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-26-2002 90033 017 ***150.00

0639011 SP

DOCUMENT # P00000066135

1. Entity Name

KIAORA ENTERPRISES INC.

Principal Place of Business

**C/O POLISEND
 66 FORDHAM AVE.
 HICKSVILLE NY 11801-5600**

Mailing Address

**C/O POLISERS 66 FORDHAM AVE
 HICKSVILLE NY 11801**

2. Principal Place of Business

4115 KIAORA ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

COCONUT GROVE, FL

City & State

4. FEI Number

65-1030508

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$0.75 Annual Fee Required

6. Name and Address of Current Registered Agent

**FERNANDEZ, CASTOR A
 4115 KIAORA STREET
 COCONUT GROVE FL 33133-6849**

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)

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, 2002 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 **PD** ☐ Delete
 NAME **FERNANDEZ, CASTOR**
 STREET ADDRESS **4115 KIADRA ST**
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **SC** ☐ Delete
 NAME **POLISENN, NICHOLAS**
 STREET ADDRESS **66 FORDHAM AVE**
 CITY-ST-ZIP **HICKSVILLE NY 11801**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 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

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 NAME
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 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:

CASTOR A. FERNANDEZ

2/5/02 305 372-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)