2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000070866 1. Entity Name KING PIRI-PIRI USA, INC						FILED May 02, 2001 8:00 an Secretary of State 05-02-2001 90119 002 ***150.00	
Principal Place	of Business		Mailing Address				
7827 RIDGEWOOD DR LAKE WORTH FL 33467			7827 RIDGEWOOD DR LAKE WORTH FL 33467			¥ # ¥ ¥ ¥ ¥	
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State			City & State		4.	4. FEI Number 65-1029883 Applied For Not Applicable	
- Zip -	Cc	untry	-Zip	Country	5.	Certificate of Status Desired 58.75 Additional	
	6. Name and	Address of Current Re	gistered Agent	<u> </u>		Name and Address of New Registered Agent	
			a	Name		······································	
Boykin, Rochelle 7827 Ridgewood Dr Lake Worth FL 33467				Street	Street Address (P.O. Box Number is Not Acceptable)		
				City		FL Zip Code	
9. This corpora Tax filing re	ation is eligible to equirement and el		FILE NOW! After MAY 1, 20		).00 (550.00	Date   10. Election Campaign Financing \$5.00 May Be   Trust Fund Contribution. Added to Fees	
(See criteria	a on back)		Make Check Payab	le to Departme		DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE			Delete	TITLE	Presio		
NAME STREET ADDRESS CITY - ST - ZIP				NAME STREET ADDRESS CITY - ST - ZIP	8300	COLEN Blue CYPTESS Drive WORK, FL 33467	
TITLE NAME STREET ADDRESS			Deiete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice - Davio 7827	President Change Addition d Boykin Ridgewood Drive	
CITY-ST-ZIP TITLE NAME STREET ADDRESS			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Séć'ý Joel 8300	Cohen Blue Cypress Drive	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas Roche	WOrth, FL 33467 Change Addition Change Addition Change Wood Drive Worth, FL 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	Change Addition	
TITLE NAME STREET ADDRESS			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change 🗌 Addition	
13. I hereby ce indicated o of the corpo changed, o	ertify that the infor on this report or a oration or the rec or on an attachme	mation supplied with thi pplemental report is tru liver or trustee empowe ht with an address, with	is filing does not qualify for be and accurate and that m ared to execute this report all other like empowered.	the exemption st	ated in Section have the same hapter 607, Flo	n 119.07(3)(i), Florida Statutes. I further certify that the information e legal effect as if made under oath; that I am an officer or director rida Statutes; and that my name appears in Block 11 or Block 12 if	