## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## May 20, 2002 8:00 am Secretary of State DOCUMENT # P00000070866 1. Entity Name 05-20-2002 90121 028 \*\*\*150 00 KING PIRI-PIRI USA, INC Principal Place of Business Mailing Address 7827 RIDGEWOOD DR 7827 RIDGEWOOD DR LAKE WORTH FL 33467 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. FEI Number Applied For 65-1029883 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BOYKIN, ROCHELLE** Street Address (P.O. Box Number is Not Acceptable) 7827 RIDGEWOOD DR LAKE WORTH FL 33467 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (9/01)☐ Delete TITLE ☐ Change Addition NAME BoyKIN, Tammy COHEN, HOLLY NAME CR2E034 STREET ADDRESS 7827 Ridgewood Drive 8300 BLUE CYPRESS DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME BOYKIN, DAVID STREET ADDRESS STREET ADDRESS 7827 RIDGEWOOD DRIVE CITY-ST-ZIP LAKE WORTH FL 33467 CITY-ST-7IP TITLE 🔀 Delete TITLE ☐ Change Addition NAME NAME COHEN, JOEL ~ STREET ADDRESS STREET ADDRESS 8300 BLUE CYPRESS DRIVE CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Delete TITLE TITLE Change Addition NAME **BOYKIN, ROCHELLE** NAME STREET ADDRESS 7827 RIDGEWOOD DRIVE STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33467 CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 attact/frient with an address, with all other like empowered.

**FILED**