

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000034862

1. Entity Name:

KRISCIUNAS - NODARSE CORP

FILED

03 JUL -2 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300021449513
07/10/03--01007--022 **158.75

DO NOT WRITE IN THIS SPACE

| | | | |
|---|--|---|--|
| 2. Principal Place of Business 2140 WEST FLAGLER ST Suite, Apt. #, etc. SUITE 205 City & State MIAMI FL Zip 33135 Country US | | 3. Mailing Address 2140 WEST FLAGLER ST Suite, Apt. #, etc. SUITE 205 City & State MIAMI FL Zip 33135 Country US | |
|---|--|---|--|

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| | |
|---|-------------------------------|
| 4. FEI Number 65-1101552 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

| |
|---|
| Name KRISCIUNAS, ALGIRDAS J |
| Street Address (P.O. Box Number is Not Acceptable) 2140 WEST FLAGLER ST SUITE 205 |
| City MIAMI FL Zip Code 33135 |

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] (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) <input type="checkbox"/> | 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 | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|---|

| 11. OFFICERS AND DIRECTORS | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT KRISCIUNAS, ALGIRDAS J 2140 WEST FLAGLER ST Ste 205 MIAMI FL 33135 | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP VICE PRESIDENT BULICH, MARIA TERESA 2140 WEST FLAGLER ST Ste 205 | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

21 712

P01000034862Electronic Filing MenuCorporate FilingPublic Access Help

7/1/03

Dear Sir:

As per our Telephone
Please find a money order
for \$158.⁷⁵. I did not receive
the renewal form.

Please accept the payment
without Penalty

JJK (President)
Thanking you
in advance