2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P02000028237

1. Entity Name

KISS ENTERPRISES, INC.

DOCUMENT #



			COD WE	The state of the s
4091 NW 4	Principal Place of Business 4091 NW 4 CT DEERFIELD BEACH FL 33442 Mailing Address 4091 NW 4 CT DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 3344		33442	
2. Principal	Place of Business	3. Mailing Address		
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.	<u></u>	CHECK HERE IF MAKING CHANGES
City & St	ate -	City & State		4. FEI Number Applied Fo
Zip	Country	Zip < 3000	Country	5. Certificate of Status Desired S8.75 Additional
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent
_ KISS, TH	IOMAS J		Name	Haine and Address of New Hegistered Agent
4091 NW			-Street Add	dress (P.O. Bex Number is Not Acceptable)
DEERFIE	LD BEACH FL 33442			
ž.	,		City	
8. The above	e named entity substration statement to		1 7	FL Zip Code
⊲the obliga	ations of registered agent.	ne purpose of changing its	s registered office or re	egistered agent, or both, in the State of Florida. I am familiar with, and acce
SIGNATURE	Signature, typed or printed name of registered gent and	title if applicable. (NO:	TE: Registered Agent signature r	
F	FILE NOW!!! FEE IS \$150.00	(10)	TE. Hogistored Agent signature r	required when reinstating) DATE
Afte Make Checi	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of S	ľ		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
10.	OFFICERS AND DI	RECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST KIS, THOMAS J 4091 NW 4 CT DEERFIELD BEACH FL 33442	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Àddition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	manus mana 1 milion and 1 milion	Delete	TITLE	Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY_ST_ZIP	☐ Change ☐ Addition

12. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Date

Daytime Phone #

FILED

Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90103 009 ***150.00