**FILED**
**Apr 21, 2003 8:00 am**
**Secretary of State**
04-21-2003 90350 005 ***150.00

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000079699

90097996

1. Entity Name
KALOWINE USA CO.

| Principal Place of Business | Mailing Address |
|---|---|
| 1473 NORTHWEST 10TH STREET #3<br>DANIA BEACH, FL 33004 | 1473 NORTHWEST 10TH STREET #3<br>DANIA BEACH, FL 33004 |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 882 OLEANDER DR | 18000 NW 2 AVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: PLANTATION FL | City & State: MIAMI FL |
| Zip: 33317 Country: | Zip: 33169 Country: |

4. FEI Number 01-0739622 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SPIEGEL & UTRERA, P.A.<br>1840 SW 22ND ST.<br>4TH FLOOR<br>MIAMI, FL 33145 | Name<br>Street Address (P.O. Box Number Is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when submitting)

FILE NOW!!! - SEE IS $150.00
After May 1, 2003 Fee Will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>FELNAGY, LASZLO<br>1473 NORTHWEST 10TH STREET #3<br>DANIA BEACH, FL 33004 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>FELNAGY LASZLO<br>882 OLEANDER DR<br>PLANTATION FL 33317 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>CSIZMADIA, AGNES<br>1473 NORTHWEST 10TH STREET #3<br>DANIA BEACH, FL 33004 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>CSIZMADIA AGNES<br>882 OLEANDER DR<br>PLANTATION FL 33317 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>L. ALLEN PELLICER<br>1473 NORTHWEST 10TH STREET #3<br>DANIA BEACH, FL 33004 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (10/02)

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ FELNAGY LASZLO 4-16-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #