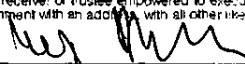


FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90350 005 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000079699			
1. Entity Name KALOWINE USA CO.			
Principal Place of Business 1473 NORTHWEST 10TH STREET #3 DANIA BEACH, FL 33004		Mailing Address 1473 NORTHWEST 10TH STREET #3 DANIA BEACH, FL 33004	
2. Principal Place of Business 882 OLEANDER DR		3. Mailing Address 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 01-0737622		Applied For Not Applicable	
5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 date if applicable. (NOTE: Registered Agent Signature is required when registering.)			
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PD FELNAGY, LASZLO 1473 NORTHWEST 10TH STREET #3 DANIA BEACH, FL 33004		PD FELNAGY LASZLO 882 OLEANDER DR PLANTATION FL 33317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
V CSIZMADIA, AGNES 1473 NORTHWEST 10TH STREET #3 DANIA BEACH, FL 33004		VP CSIZMADIA AGNES 882 OLEANDER DR PLANTATION FL 33317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
ST L. ALLEN PELLICER 1473 NORTHWEST 10TH STREET #3 DANIA BEACH, FL 33004			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addendum, with all other like empowered.			
SIGNATURE: 		4-16-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

90097996



☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)