

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90102 015 ***150.00

DOCUMENT # P02000118676

1. Entity Name
KAINOS INC.



Principal Place of Business
**2385 EXECUTIVE CENTER DR STE 100
BOCA RATON FL 33431**

Mailing Address
**2385 EXECUTIVE CENTER DR STE 100
BOCA RATON FL 33431**



2. Principal Place of Business
7902 SEVILLE PLACE

3. Mailing Address
7902 SEVILLE PLACE

Suite, Apt. #, etc.
1603

Suite, Apt. #, etc.
1603

City & State
BOCA RATON FL.

City & State
BOCA RATON FL.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **010756848**

Applied For
Not Applicable

Zip **33433** Country **U.S.A.**

Zip **33433** Country **U.S.A.**

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

**SALAMA DIMITRI, LEA A
888 SE 3 AVE STE 400
FT LAUDERDALE FL 33316**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE 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 **PRESIDENT** ☐ Delete
NAME **KAREN ACOSTA**
STREET ADDRESS **7902 SEVILLE PLACE # 1603**
CITY-ST-ZIP **BOCA RATON FL 33433**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE PRESIDENT SECRETARY** ☐ Delete
NAME **LADISLAW WOHISTEIN**
STREET ADDRESS **7902 SEVILLE PLACE # 1603**
CITY-ST-ZIP **BOCA RATON FL 33433**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 3926339

CR2E034 (10/02)