

Feb 2004
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P03000076028

1. Entity Name

KIZIBA INC



FILED

04 JUL -1 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

KIZIBA INC

3. Mailing Address

Suite, Apt. #, etc.

10926 ARBOR RIDGE DR.

Suite, Apt. #, etc.

City & State

TAMPA

City & State

FLORIDA

Zip

33624-7034

Country

USA

Zip

FLORIDA

Country

USA

4. FEI Number

20-0307240

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ROBERT V. GRIEB

Street Address (P.O. Box Number is Not Acceptable)

500 N. WESTSHORE BLVD.

City

SUITE 700

City

TAMPA

FL

Zip Code

33609

**DO NOT WRITE
IN THIS SPACE**

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

Robert V. Grieb

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

(NOTE: Registered Agent signature required when reinstating)

6/21/04

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE P
NAME SHAILESH PATEL
STREET ADDRESS 10926 ARBOR RIDGE DR
CITY-ST-ZIP TAMPA FL 33624-7034

TITLE P
NAME SHAILESH PATEL
STREET ADDRESS 10926 ARBOR RIDGE DR
CITY-ST-ZIP TAMPA FL 33624-7034

TITLE VP
NAME BABUBHAI PATEL
STREET ADDRESS 10926 ARBOR RIDGE DR
CITY-ST-ZIP TAMPA FL 33624

TITLE VP
NAME BABUBHAI PATEL
STREET ADDRESS 10926 ARBOR RIDGE DR
CITY-ST-ZIP TAMPA FL 33624

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: B. R. PATEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BABUBHAI PATEL

Date

Daytime Phone #

04-19-2004

CR2E034B (12/02)