## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 02, 2000 8:00 am DOCUMENT # P9600011460 1. Entity Name **Secretary of State** KIRINYAGA, INC. 03-02-2000 90041 040 \*\*\*150.00 Principal Place of Business Mailing Address 7512 DR PHILLIPS BLVD 7512 DR PHILLIPS RD **SUITE 50-193** SUITE 50-193 ORLANDO FL 32819-5131 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE \_Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3359404 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RESNICK, MICHAEL D Street Address (P.O. Box Number is Not Acceptable) 7512 DR PHILLIPS BLVD SUITE 50-193 ORLANDO FL 32819 Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be ~ After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE Delete RESNICK, MICHAEL D NAME STREET ADDRESS 7512 DR PHILLIPS RD SUITE 50-193 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 Addition ☐ Delete Change TITLE RESNICK, CAROL NAME NAME 7512 DR PHILLIPS BLVD SUITE 50-193 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-7IP ORLANDO FL 32819 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET-ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME 対抗な 4 多い STREET ADDRESS STREET ADDRESS 學學學學 CITY-ST-ZIP 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

2-12-00

Daytime Phone #