

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90003 034 ***150.00

UBR31407 AV

DOCUMENT # P96000022668

1. Entity Name
LIL' KAIS INC.

Principal Place of Business
**9340 NORTH 56TH ST. SUITE 220
 TAMPA FL 33617**

Mailing Address
**9340 NORTH 56TH ST. SUITE 220
 TAMPA FL 33617**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3366216

Applied For
 Not Applicable

Zip Country

Zip Country

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

**KURIAKOSE, BABU
 9340 NORTH 56TH ST, SUITE 220
 TAMPA FL 33617**

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! - FEE IS - \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	V THAYIL, PHILIP STREET ADDRESS: 9212 MEMORIAL HWY CITY-ST-ZIP: TAMPA FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	8769 HAMPDEN DR. STREET ADDRESS CITY-ST-ZIP: TAMPA-FL-33626
<input type="checkbox"/> Delete	P KURIAKOSE, BABU P STREET ADDRESS: 2539 RIDGE TOP WAY CITY-ST-ZIP: VALRICO FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2515 BELLWOOD DR STREET ADDRESS CITY-ST-ZIP: BRANDON - FL - 33511
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. 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: **BABU KURIAKOSE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/16/02** Daytime Phone #: **813 915-8625**

CR2E034 (9/01)