

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 21, 2001 8:00 am**  
**Secretary of State**

09-21-2001 90007 001 \*\*\*750.00

0138032 AB

**DOCUMENT # P96000102957**

1. Entity Name  
**KAL TECHNOLOGIES, INC.**

**Principal Place of Business**

**1800 W MEYER LANE  
APT 15204  
OAK CREEK WI 53154-8128  
US**

**Mailing Address**

**1800 W MEYER LANE  
APT 15204  
OAK CREEK WI 53154-8128  
US**



**2. Principal Place of Business**

**7300 S 13th Street  
Suite, Apt. #, etc.  
Ste 203A**

**3. Mailing Address**

**7300 S 13th Street  
Suite, Apt. #, etc.  
Ste 203A**

DO NOT WRITE IN THIS SPACE

**City & State**

**Oak Creek, WI  
Zip  
53154  
Country  
USA**

**City & State**

**Oak Creek, WI  
Zip  
53154  
Country  
USA**

**4. FEI Number**

**65-0752499**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CRUZ, DIEGO JR.  
9616 NW 7TH CIRCLE #1627  
PLANTATION FL 33324**

**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.**

**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 \$550.00**

**After September 12, 2001 Fee will be \$750.00  
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**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**P**  
**CRUZ, DIEGO**  
**9616 NW 7TH CIRCLE #1627**  
**PLANTATION FL 33324**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**V**  
**KULANDAUIDU, KALUIGA**  
**1800 W MEYER LANE #15204**  
**OAK CREEK WI 53154**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**T**  
**Singers, Timothy**  
**W162 N10622 Auburn Ln**  
**Beromun, WI 53022**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change

☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change

☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change

☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change

☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change

☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change

☐ 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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**9/14/01**

**Date**

**414-570-5523**

**Daytime Phone #**

CR2E034 (5/01)