

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 90195 013 \*\*\*150.00

0230975 AV

**DOCUMENT # P98000033579**

1. Entity Name  
**KAISUN INTERNATIONAL, INC.**

Principal Place of Business  
**70 CASUARINA CONCOURSE**  
**CORAL GABLES FL 33143**

Mailing Address  
**70 CASUARINA CONCOURSE**  
**CORAL GABLES FL 33143**

2. Principal Place of Business  
**500 Arvida Parkway**  
 Suite, Apt. #, etc.

3. Mailing Address  
**500 Arvida Parkway**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Coral Gables, FL.**  
 Zip  
**33156**  
 Country  
**USA**

City & State  
**Coral Gables, FL.**  
 Zip  
**33156**  
 Country  
**USA**

4. FEI Number  
**65-0840541**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FIGAROLA, CRISTINA**  
**70 CASUARINA CONCOURSE**  
**CORAL GABLES FL 33143**

7. Name and Address of New Registered Agent

Name  
**Cristina Figarola**  
 Street Address (P.O. Box Number is Not Acceptable)  
**500 Arvida Parkway**  
 City  
**Coral Gables** **FL** Zip Code  
**33156**

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 *x* **Cristina Figarola** **3/21/02**  
 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

TITLE  
**PSD**  
 NAME  
**FIGAROLA, CRISTINA**  
 STREET ADDRESS  
**70 CASUARINA CONCOURSE**  
 CITY-ST-ZIP  
**CORAL GABLES FL 33143**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Change ☐ Addition  
**500 Arvida Parkway**  
**Coral Gables, FL. 33156**

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: *x* **Cristina Figarola** **3/21/02** **305-665-1945**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)