

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90890 035 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 980000 59720

1. Entity Name

KIRUN, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9001 TAMiami TRAIL

3. Mailing Address

9001 TAMiami TR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

So. VENICE, FL

City & State

So. VENICE, FL

Zip

34293

Country

USA

Zip

34293

Country

USA

4. FEI Number

65-0848908

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

KAMLESH B. KADIWAR

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

1041 HARBOUR GLEN PLACE

City

PUNTA GORDA

FL

Zip Code

33983

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.

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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 | PRESIDENT |
| NAME | KAMLESH B. KADIWAR |
| STREET ADDRESS | 9001 TAMiami TR. |
| CITY-STATE-ZIP | So. VENICE, FL 34293 |
| TITLE | SEC. - TRES. |
| NAME | KAVITA K. KADIWAR |
| STREET ADDRESS | 9001 TAMiami TR. |
| CITY-STATE-ZIP | So. VENICE, FL 34293 |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAMLESH B. KADIWAR

4/29/02

Date

Daytime Phone #

426-1947

CR2E034B (12/01)