

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065098

1. Entity Name

KRIS INTERNATIONAL INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90149 006 \*\*\*150.00

Principal Place of Business

Mailing Address

1401 W. FLAGLER. STE. 207  
FL 33135

1401 W. FLAGLER. STE. 207  
MIAMI FL 33135-2254

2. Principal Place of Business

1401 W. FLAGLER ST Suite

3. Mailing Address

PO Box 011979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

207

City & State

Miami Florida

City & State

Miami Florida

Zip

33135

Country

DADE

Zip

33101

Country

DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0883457

Applied For

Not Applicable

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

KRISTOFER, GRAY

390 NW 2ND ST SUITE 311

MIAMI FL 33128

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, 2000 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

TITLE	PC	<input checked="" type="checkbox"/> Delete
NAME	DONALDSON, JR., ALBERT J	
STREET ADDRESS	PO BOX 011979	
CITY-ST-ZIP	MIAMI FL 33101	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DONALDSON, KHALIA A	
STREET ADDRESS	PO BOX 011979	
CITY-ST-ZIP	MIAMI FL 33101	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	DONALDSON, MAVIS	
STREET ADDRESS	PO BOX 011979	
CITY-ST-ZIP	MIAMI FL 33101	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	DONALDSON, SR., ALBERT J	
STREET ADDRESS	PO BOX 011979	
CITY-ST-ZIP	MIAMI FL 33101	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRAY, KRISTOFER	
STREET ADDRESS	390 N.W. 2ND ST., APT. 311	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/T C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRISTOFER GRAY	
STREET ADDRESS	390 NW 2nd St Apt 311	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mrs Juanita Haynes	
STREET ADDRESS	P.O. Box 011979	
CITY-ST-ZIP	MIAMI FL 33101	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ruben Hernandez	
STREET ADDRESS	P.O. Box 011979	
CITY-ST-ZIP	MIAMI FL 33101	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C. Delano Gray	
STREET ADDRESS	P.O. Box 011979	
CITY-ST-ZIP	MIAMI FL 33101	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Albert Donaldson Jr	
STREET ADDRESS	PO Box 011979	
CITY-ST-ZIP	MIAMI FL 33101	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Khalia A Donaldson	
STREET ADDRESS	PO Box 011979	
CITY-ST-ZIP	MIAMI FL 33101	

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

1/27/2000 (305)649-8717

Date

Daytime Phone #

CR2E034 (9/99)