

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000073117

FILED
Jan 17, 2002 8:00 AM
Secretary of State

Entity Name: KORAI CONSULTING, INC.

Current Principal Place of Business:

3021 JASMINE TERRACE
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

4 COLLINS PLACE
WEMBERLY DOWNS, 6019 AU

New Mailing Address:

4 COLLINS PLACE
WEMBERLY DOWNS, WA 6019 AU

FEI Number: 65-0860348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: DE LA TORRE, YADIRA
Address: 4 COLIN PLACE
City-St-Zip: WEMBLEY DOWNS, WA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: DE LA TORRE, YADIRA
Address: 4 COLIN PLACE
City-St-Zip: WEMBLEY DOWNS, WA 6019 AU

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YADIRA DE LA TORRE

PSTD

01/17/2002

_____ Electronic Signature of Signing Officer or Director

_____ Date