2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Sep 06, 2001 8:00 am Secretary of State P98000078059 DOCUMENT # 1. Entity Name 09-06-2001 90263 049 ***550.00 KISMET ENTERPRISES INCORPORATED Principal Place of Business Mailing Address C/O 1915 BRICKELL AVE. UNIT C-410 C/O 1915 BRICKELL AVE. UNIT C-410 80063951 MIAMI FL 33129 MIAMI FL 33129 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 62-1752277 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZENTAY, YVONNE Street Address (P.O. Box Number is Not Acceptable) 1915 BRICKELL AVE, UNIT C-410 MIAMI FL 33129 City 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) FILE NOW!!! FEE IS-\$550.00 --- ** 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Delete TITLE Change Addition TITLE ZENTAY, YVONNE 1915 BRICKELL AVE, UNIT C-410 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33129 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ■ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY:ST-ZÎP CITY-ST-ZIP Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

(2/01)