

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90029 030 ***150.00

DOCUMENT # P99000002884

1. Entity Name

KAS INTERNATIONAL GROUP, INC.

Principal Place of Business

1876 UNIVERSITY Dr.
 SUITE #201-0
 PLANTATION, FL 33322

Mailing Address

1876 N. UNIVERSITY Dr.
 Suite #201-0
 PLANTATION, FL 33322

2. Principal Place of Business

1876 UNIVERSITY Dr.
 Suite, Apt. #, etc.
 201-0

3. Mailing Address

1876 UNIVERSITY Dr.
 Suite, Apt. #, etc.
 201-0

City & State

PLANTATION, FL

City & State

PLANTATION, FL

Zip

33322

Country

USA

Zip

33322

Country

USA

4. FEI Number

65-0887734

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BABANI JAKISHANU
 1876 UNIVERSITY Dr.
 SUITE #201-0
 PLANTATION, FL 33322

7. Name and Address of New Registered Agent

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 *X*

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, 2001 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D BABANI JAKISHANU ☐ Delete
 1876 UNIVERSITY Dr.
 SUITE #201-0
 PLANTATION FL 33322

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 BABANI ANNELE ☐ Delete
 1876 UNIVERSITY Dr.
 SUITE #201-0
 PLANTATION FL 33322

TITLE
 NAME
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☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

3. 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: *Annelle Babani*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/01

Date

(954) 236-8105

Daytime Phone #