

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-22-2001 90048 041 ***150.00

DOCUMENT # P99000018706

1. Entity Name

KISA ENTERPRISES, INC.

Principal Place of Business

3127 BON AIR DRIVE
 ORLANDO, FL 32818

Mailing Address

3127 BON AIR DRIVE
 ORLANDO, FL 32818

2. Principal Place of Business

701 BROADWAY DR
 Suite, Apt. #, etc.

3. Mailing Address

701 BROADWAY DR
 Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3562707

Applied For

Not Applicable

Zip

34761

Country

USA

Zip

34761

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KIAH, SCOTT M
 3127 BON AIR DRIVE
 ORLANDO, FL 32818

7. Name and Address of New Registered Agent

Name

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

701 BROADWAY DR

City

ORLANDO

FL

Zip Code

34761

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

Scott M. Kiah

4-30-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-issuing)

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	PD	<input type="checkbox"/> Delete
NAME	KIAH, SCOTT M	
STREET ADDRESS	3127 BON AIR DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ESPINOZA, OLIVIA	
STREET ADDRESS	3127 BON AIR DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	701 BROADWAY DR	
CITY-ST-ZIP	ORLANDO, FL 34761	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	701 BROADWAY DR	
CITY-ST-ZIP	ORLANDO, FL 34761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

Scott M. Kiah

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

(407) 832-8735

Daytime Phone #

CR2E034 (11/00)