

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000048690

FILED
Apr 20, 2002 8:00 AM
Secretary of State

Entity Name: CIKIZ USA CORP.

Current Principal Place of Business:

5500 SOUTHWEST 77TH COURT
SUITE 310
MIAMI, FL 33155

New Principal Place of Business:

3575 NORTH WEST 60TH STREET
MIAMI, FL 33142

Current Mailing Address:

POST OFFICE BOX 248303
CORAL GABLES, FL 33124

New Mailing Address:

FEI Number: 65-0922978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
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: IKIZ, CAN
Address: 5500 SOUTHWEST 77TH COURT
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: IKIZ, CAN
Address: 3575 NORTH WEST 60TH STREET
City-St-Zip: MIAMI, FL 33142

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: CAN IKIZ

PSTD

04/20/2002

_____ Electronic Signature of Signing Officer or Director

_____ Date