2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P99000051976 Mar 02, 2000 8:00 am 1. Entity Name. Secretary of State KIS ENTERPRISES, INC. 03-02-2000 90007 012 ***150.00 Principal Place of Business Mailing Address 7828 GLEN GARY LANE 7828 GLEN GARY LANE DELRAY BEACH FL 33446 DELRAY BEACH FL 33446-3152 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEJ Number Not Applicable Zip Country Zip Country \$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 LEE DAVIDOFF SPIEGEL & UTRERA, P.A. Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 DECRAY BOH bmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity SIGNATURE ture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be 34. Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD Addition TITLE Change DITE ☐ Delete KIRSHNER, SEYMOUR NAME STREET ADDRESS **7828 GLEN GARY LANE** STREET ADDRESS CITY-ST-7IP DELRAY BEACH FL 33446 CITY-ST-ZIP Change Addition TITLE TITLE Delete DAVIDOFF, SANDRA SEPNER, HERBERT N NAME NAME) 538 CLENDENON IN 7828 GLEN GARY LANE STREET ADDRESS STREET ADDRESS 33446 DELRAY BCH.FL. CITY-ST-7IP CITY-ST-7IP **DELRAY BEACH FL 33446** ☐ Change Addition TITLE ☐ Delete TITLE IZZO, THOMAS NAME NAME STREET ADDRESS 7828 GLEN GARY LANE STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33446** CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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

SIGNING OFFICER OR DIRECTOR