

2000 UNIFORM BUSINESS REPORT (UBR)

5/18.

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-18-2000 90326 049 ***150.00

DOCUMENT # P99000072691

1. Entity Name
KISE ENTERPRISES, INC.

R

Principal Place of Business Mailing Address
 16650 ROYAL PALM DR. 16650 ROYAL PALM DR.
 GROVELAND FL 34736 GROVELAND FL 34736-9084

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **593602518** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KASHMIRI, RAFIAH
16650 ROYAL PALM DR.
GROVELAND FL 34736

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PRESIDENT	AHMED ELDIFRAWI		
16650 Royal Palm Dr.	Groveland, FL 34736		
Director	AKRAM ISMAIL		
8100 CR 44 Leg-A	Leesburg, FL 34788		
Director	RAFIYAH KASHMIRI		
16650 Royal Palm Dr.	Groveland, FL 34736		

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: Ahmed Eldifrawi
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00
 Date

352-394-0781
 Daytime Phone #

CR2E034 (9/99)