

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90033 045 ***550.00

11/20/01 AT

DOCUMENT # P99000072691

1. Entity Name
KISE ENTERPRISES, INC.

Principal Place of Business
**16650 ROYAL PALM DR.
 GROVELAND FL 34736**

Mailing Address
**16650 ROYAL PALM DR.
 GROVELAND FL 34736**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3602518**

Applied For
 Not Applicable

Zip Country

Zip Country

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE	P	<input type="checkbox"/> Delete
NAME	ELDIFRAWI, AHMED	
STREET ADDRESS	16650 ROYAL PALM DRIVE	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	D ISMAIL AKRAM	<input type="checkbox"/> Delete
NAME	SIMAIL, AKRAM	
STREET ADDRESS	8100 CR 44 LEG-A	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	D	<input type="checkbox"/> Delete
NAME	KASHMIRI, RAFIAH	
STREET ADDRESS	16650 ROYAL PALM DRIVE	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/10/01** Daytime Phone # _____

CR2E034 (5/01)