

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90269 024 ***150.00

DOCUMENT # P99000075942
 1. Entity Name
KAIROS REAL ESTATE INVESTORS, INC.

Principal Place of Business Mailing Address
 1191 NO. FEDERAL HWY.,PBM.#126 1191 NO. FEDERAL HWY.,PBM.#126
 DELRAY BEACH FL 33483 DELRAY BEACH FL 33483-5800



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 1191 North Federal Hwy. **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 PmB#126 **SAME**
 City & State City & State
 Delray Beach, FL. **SAME**
 Zip Country
 33483 U.S.A.

4. FFI Number Applied For
 65-0948990 Not Applicable

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

6. Name and Address of Current Registered Agent
 NAVARRO, STEPHEN J
 1000 PALM TRAIL, APT. #1
 DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) 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, 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	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mr. Steve Navarro	NAME	
STREET ADDRESS	1000 Palm Tr. Apt. 1	STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, FL 33483-5843	CITY-ST-ZIP	
	President		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mr. Roger Navarro	NAME	
STREET ADDRESS	18320 Coral Isles Dr.	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33498	CITY-ST-ZIP	
	Vice-President		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen J Navarro Date: 2/28/00 Daytime Phone # (561) 358-5136 Cell Phone

CR2E034 (9/99)