

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90164 011 ***150.00

DOCUMENT # V09264

1. Entity Name

KIRIA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

KIRIA INC.

3. Mailing Address

Same.

Suite, Apt. #, etc.

4500-46th Ave. No.

Suite, Apt. #, etc.

City & State

St. Pete. FL.

City & State

Zip

33714

Country

USA

Zip

Country

4. FEI Number

593104638

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BHOWAN KANA

Street Address (P.O. Box Number is Not Acceptable)

4500-46th Ave. So.

City

St. Pete. FL.

FL

Zip Code

33714

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

Bhowan Kana.

BHOWAN KANA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4.23.02.

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

PRESIDENT

NAME

SAVITA KANA

STREET ADDRESS

4500-46th Ave. No.

CITY - ST - ZIP

St. Pete. FL. 33714

TITLE

TREASURER

NAME

BHOWAN KANA

STREET ADDRESS

4500-46th Ave. No.

CITY - ST - ZIP

St. Pete. FL. 33714

TITLE

SECRETARY

NAME

BHILA DIAH

STREET ADDRESS

2327-Desoto Way So.

CITY - ST - ZIP

St. Pete. FL. 33712

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: BHOWAN KANA

Bhowan Kana.

4.23.02

727.521-1959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)