## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 15, 2000 8:00 am Secretary of State **DOCUMENT # V52082** 1. Entity Name KANAI INTERNATIONAL TRADING INC. 05-15-2000 90206 040 \*\*\*150.00 Principal Place of Business Mailing Address 201 CRANDON BLVD. PO BOX 491378 SUITE 140 SUITE 35 KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149-7378 US 2. Principal Place of Business 3. Mailing Address 491378 PO Box Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0390485 KEY BISCAYNE Not Applicable Zip Country **\$8.75** Additional\_ \_ Country US 33149-7378 5. Certificate of Status Desired Fee Required 7, Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent. GRATEROL, JORGE Street Address (P.O. Box Number is Not Acceptable) 201 CRANDON BLVD. SUITE 140 **KEY BISCAYNE FL 33149** 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. (NOTE: Registered Agent signature required when reinstating) applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change ☐ Delete TITLE TITLE GRATEROL, JORGE F NAME STREET ADDRESS 201 CRANDON BLVD #140 STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE FL 33149 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE GRESPAN, KAREN F NAME STREET ADDRESS STREET ADDRESS 201 CRANDON BLVD. #140 CITY-ST-ZIP CITY-ST-ZIP **KEY BISCAYNE FL 33149** Change Addition Delete TITLE TITLE GRESPAN, PEDRO F NAME NAME STREET ADDRESS 201 CRANDON BLVD #140 STREET ADDRESS KEY BISCAYNE FL 33149 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ 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-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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: