## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **643731** Mar 23, 2000 8:00 am **Secretary of State** KONSUL OFFICE PRODUCTS INCORPORATED 03-23-2000 90044 009 \*\*\*150.00 Principal Place of Business Mailing Address 5722 S FLAMINGO RD 5722 S FLAMINGO RD. **SUITE 2223** SUITE 223 COOPER CITY FL 33330 COOPER CCITTY FL 33330-3206 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1994986 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **DEBBIE CARTER** Street Address (P.O. Box Number is Not Acceptable) 5722 S. FLAMINGO RD # 223 COOPER CITY FL 33330 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. 12. Addition ☐ Delete TITLE TITLE NAME KATINA, HENRY NAME STREET ADDRESS 326 71ST, ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL ☐ Change Addition Delete TITLE KATINA, MICHAEL D. NAME STREET ADDRESS 300 71ST STREET STE.600 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BCH. FL ☐ Addition ☐ Delete TITLE - Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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 attach perturbed with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE** 

STREET ADDRESS

CITY-ST-ZIP

LINE LAND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/15/00

437-2033 Daylime Phone #