

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90058 002 ***150.00

DOCUMENT # J00278

1. Entity Name

KOENIG CORP.

Principal Place of Business

Mailing Address

9000 SHERIDAN STREET #130
 PEMBROKE PINES FL 33024

9000 SHERIDAN STREET #130
 PEMBROKE PINES FL 33024-8801

UNREGISTERED



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21011 Johnson Street

3. Mailing Address

21011 Johnson Street

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

Pembroke Pines, Florida

City & State

Pembroke Pines, Florida

4. FEI Number

59-2660203

Applied For

Not Applicable

Zip

33029

Country

Zip

33029

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOENIG, PAUL
9000 SHERIDAN STREET
SUITE 130
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name

same

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

21011 Johnson Street

Suite 101

City

Pembroke Pines

FL

Zip Code

33029

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)

(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

TITLE	PST	<input type="checkbox"/> Delete
NAME	KOENIG, PAUL	
STREET ADDRESS	9000 SHERIDAN ST 130	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	KOENIG, MICHAEL	
STREET ADDRESS	9000 SHERIDAN ST 13	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOENIG, PAUL	
STREET ADDRESS	9000 SHERIDAN ST 130	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOENIG, MICHAEL	
STREET ADDRESS	9000 SHERIDAN ST 130	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	21011 Johnson Street, Suite 101	
CITY-ST-ZIP	Pembroke Pines, Florida 33029	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	21011 Johnson Street, Suite 101	
CITY-ST-ZIP	Pembroke Pines, Florida 33029	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	21011 Johnson Street, Suite 101	
CITY-ST-ZIP	Pembroke Pines, Florida 33029	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Michael A. Koenig
 Michael A. Koenig, Vice President 2/7/00 954-436-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)