

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90013 028 ***150.00

DOCUMENT # P01000028255

1. Entity Name
KORNI-AID, INC.

Principal Place of Business

**80 COMODORE DR #425
 PLANTATION FL 33325**

Mailing Address

**80 COMODORE DR #425
 PLANTATION FL 33325**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**5769 NW 7 Street
 Suite, Apt. #, etc. Casilla N° 186**

3. Mailing Address

**5769 NW 7 Street
 Suite, Apt. #, etc. Casilla N° 186**

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
05-1083918

Applied For
 Not Applicable

Zip
33126

Country

Zip
33126

Country

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

6. Name and Address of Current Registered Agent

**SEPULVEDA, PEDRO LUIS
 80 COMODORE DR #425
 PLANTATION FL 33325**

7. Name and Address of New Registered Agent

Name **Pedro Luis Sepulveda**
 Street Address (P.O. Box Number is Not Acceptable)
5769 NW 7 Street Casilla N° 186
 City **Miami** FL Zip Code **33126**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE **03/14/02**

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, 2002 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 **PD** ☐ Delete
 NAME **SEPULVEDA, PEDRO LUIS**
 STREET ADDRESS **80 COMODORE DR #425**
 CITY-ST-ZIP **PLANTATION FL 33325**

TITLE **VD** ☐ Delete
 NAME **CARDENAS, PEDRO LUIS S**
 STREET ADDRESS **80 COMODORE DR #425**
 CITY-ST-ZIP **PLANTATION FL 33325**

TITLE **SD** ☐ Delete
 NAME **SEPULVEDA, NORHA A**
 STREET ADDRESS **80 COMODORE DR #425**
 CITY-ST-ZIP **PLANTATION FL 33325**

TITLE **D** ☐ Delete
 NAME **SEPULVEDA, JOSE FERNANDO**
 STREET ADDRESS **80 COMODORE DR #425**
 CITY-ST-ZIP **PLANTATION FL 33325**

TITLE **TD** ☐ Delete
 NAME **SEPULVEDA, FABIO**
 STREET ADDRESS **80 COMODORE DR #425**
 CITY-ST-ZIP **PLANTATION FL 33325**

TITLE **D** ☐ Delete
 NAME **CARDENAS, MARIA NORHA**
 STREET ADDRESS **80 COMODORE DR #425**
 CITY-ST-ZIP **PLANTATION FL 33325**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
 NAME **Sepulveda, Pedro Luis**
 STREET ADDRESS **5769 NW 7 Street Casilla N° 186**
 CITY-ST-ZIP **Miami, FL 33126**

TITLE **Vicepresidente** ☒ Change ☐ Addition
 NAME **Cardenas, Pedro Luis S.**
 STREET ADDRESS **5769 NW 7 Street Casilla N° 186**
 CITY-ST-ZIP **Miami, FL 33126**

TITLE **Secretary** ☒ Change ☐ Addition
 NAME **Sepulveda, Norha A.**
 STREET ADDRESS **5769 NW 7 Street Casilla N° 186**
 CITY-ST-ZIP **Miami, FL 33126**

TITLE **Director** ☒ Change ☐ Addition
 NAME **Sepulveda, Jose Fernando**
 STREET ADDRESS **5769 NW 7 Street Casilla N° 186**
 CITY-ST-ZIP **Miami, FL 33126**

TITLE **Treasurer** ☒ Change ☐ Addition
 NAME **Sepulveda, Fabio**
 STREET ADDRESS **5769 NW 7 Street Casilla N° 186**
 CITY-ST-ZIP **Miami, FL 33126**

TITLE **Director** ☒ Change ☐ Addition
 NAME **Cardenas, Maria Norha**
 STREET ADDRESS **5769 NW 7 Street Casilla N° 186**
 CITY-ST-ZIP **Miami, FL 33126**

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **03/14/02**

Daytime Phone #

CR2E034 (9/01)