

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041705

1. Entity Name

KOALA-TY MANAGEMENT SYSTEMS, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90102 029 ***150.00

Principal Place of Business

4839 SW 148 AVE #236
DAVIE FL 33330

Mailing Address

4839 SW 148 AVE #236
DAVIE FL 33330-2129

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

PMB 236

Suite, Apt. #, etc.

PMB 236

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0757804

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SABRA, RICHARD B
1946 TYLER STREET6
HOLLYWOOD FL 33022

Name

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

City

FL

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete
NAME RIVERA, GISELA
STREET ADDRESS 548 ROLLING HILLS LANE
CITY-ST-ZIP DANVILLE CA 94526

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPS ☐ Delete
NAME LOHMANN, ELAINE
STREET ADDRESS 6800 VOLUNTEER RD
CITY-ST-ZIP FT LAUDERDALE FL 33330

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/00 954-434-1126
Date Daytime Phone #

CR2E034 (9/99)