

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**  
 04-19-2001 90068 009 \*\*\*150.00

**DOCUMENT # P00000028550**

1. Entity Name  
**KOLFRAN, INC.**

Principal Place of Business  
**668 EAGLE DR.  
 DELRAY BCH FL 33444**

Mailing Address  
**668 EAGLE DR.  
 DELRAY BCH FL 33444**

**00039042**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-1000582</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**SCHWARTZ, ANDREW M ESQ.  
 1701 W. HILLSBORO BLVD., SUITE 308  
 DEERFIELD BCH FL 33442**

7. Name and Address of New Registered Agent  
 Name **Koto Francisco G. Schmers**  
 Street Address (P.O. Box Number is Not Acceptable) **668 Eagle Dr, Del Ray Beach**  
 City **FL** Zip Code **33444**

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 DATE **03/20/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	SCHMEDA, FRANCISCO	668 EAGLE DR. DELRAY BCH FL 33444				
	VSD	KOLIN, SANDRA	668 EAGLE DR. DELRAY BCH FL 33444				
	TD	KOLIN, MARGARET	668 EAGLE DR. DELRAY BCH FL 33444				

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: **03/20/01** (541) 8597070  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)