

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003266

1. Entity Name  
22 CO.

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90003 035 \*\*\*150.00

Principal Place of Business  
100 N BISCAYNE BLVD., 21ST FL  
MIAMI FL 33132-2306

Mailing Address  
100 N BISCAYNE BLVD., 21ST FL  
MIAMI FL 33132-2306

2. Principal Place of Business  
49 NE 22 ST  
Suite, Apt. #, etc.

3. Mailing Address  
49 NE 22 ST  
Suite, Apt. #, etc.

City & State  
MIAMI FL

City & State  
MIAMI FL

4. FEI Number 51-0363624

Applied For  
Not Applicable

Zip Country  
33137 Dade

Zip Country  
33137 Dade

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

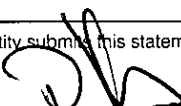
KOLB, PETER  
49 NE 22 ST  
MIAMI FL 33137

Name KOLB PETER

Street Address (P.O. Box Number is Not Acceptable)  
49 NE 22 ST

City MIAMI FL Zip Code 33137

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  PETER KOLB PRESIDENT 4/20/01

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, 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 PCD ☐ Delete  
NAME KOLB, PETER  
STREET ADDRESS 49 N.E. 22ND STREET  
CITY-ST-ZIP MIAMI FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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

PETER KOLB 4/20/01 3055739900

Date

Daytime Phone #

CR2E034 (10/00)