

2007 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90006 008 ***150.00

DOCUMENT # 497203

1. Entity Name

KLIBANER SALES AGENCY, INC.



Principal Place of Business
PO BOX 2265
ROSWELL GA 30079
US

Mailing Address
PO BOX 2265
ROSWELL GA 30079
US

40000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number 11-1965805

Applied For
Not Applicable

Zip

Country

Zip

Country

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

KLIBANER, EMANUEL
7805 SW 139 TERR
MIAMI FL 33158

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature (Typed or printed name of registered agent and title if applicable)

NOTE: Registered Agent signature required when making changes

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May 8
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
KLIBANER, EMANUEL
7805 SW 139 TERR
MIAMI FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
KLIBANER, KENNETH
510 HOUZE WAY
ROSWELL GA 30078 ☐ Delete

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 10 or Block 11; changed or an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER (OR DIRECTOR)

3-15-07