

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90113 012 ***150.00

0163957

DOCUMENT # 625850

1. Entity Name
KROGER + COMPANY, INC.

Principal Place of Business
215 SAN LORENZO AVENUE
CORAL GABLES FL 33146

Mailing Address
215 SAN LORENZO AVENUE
CORAL GABLES FL 33146

956889



2. Principal Place of Business

3. Mailing Address

7308 SW 48TH ST

7308 SW 48TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL

Miami FL

Zip

Country

Zip

Country

33155

33155

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1912909**

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

KROGER, ROBERT N.
215 SAN LORENZO AVENUE
CORAL GABLES FL 33146

7308 SW 48TH ST
Miami FL 33155

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

Robert N. Kroger Pres.

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	PD	<input type="checkbox"/> Delete
NAME	KROGER, ROBERT N.	
STREET ADDRESS	215 SAN LORENZO AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Robert N. Kroger

Date

Daytime Phone #

4/20/01 305-662-9066

CR2E034 (10/00)