

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90190 007 ***150.00

DOCUMENT # F99000001442

1. Entity Name
KOSCO E & M, INC.



Principal Place of Business
**12580 N.E. 6TH AVE.
NORTH MIAMI FL 33161**

Mailing Address
**12580 N.E. 6TH AVE.
NORTH MIAMI FL 33161**

2. Principal Place of Business
5838 W. 20 AVE
Suite, Apt. #, etc.

3. Mailing Address
5838 W. 20 AVE
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
HIALEAH FL
Zip Country
33016

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HIALEAH FL
Zip Country
33016

4. FEI Number **86-0831815**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

PARK, YUNG SE
12580 N.E. 6TH AVE.
NORTH MIAMI FL 33161

7. Name and Address of New Registered Agent

Name **PARK, YUNG SE**
Street Address (P.O. Box Number is Not Acceptable)
5838 W. 20 AVE
City **HIALEAH FL** Zip Code **33016**

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 **X** **09/01/03** **1-17-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **CPS** ☐ Delete
NAME **PARK, YUNG SE**
STREET ADDRESS **12580 N.E. 6TH AVE.**
CITY-ST-ZIP **NORTH MIAMI FL 33161**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5838 W. 20 AVE**
CITY-ST-ZIP **HIALEAH FL 33016**

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-03 **305-479-6163**

Date

Daytime Phone #

CR2E034 (10/02)