

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 12, 2001 08:00 AM**
Secretary of State**DOCUMENT # G90670**1. Entity Name
KOWO CORPORATION**Principal Place of Business**SUNTRST INT'L CENTER
ONE S.E. THIRD AVE., STE. 2130
MIAMI
33131

FL

Mailing AddressSUNTRST INT'L CENTER
ONE S.E. THIRD AVE., STE. 2130
MIAMI
33131

FL

2. Principal Place of Business
% BLASS & FRANKEL, PA3. Mailing Address
% BLASS & FRANKEL, PASuite, Apt. #, etc.
ONE S.E. THIRD AVE., STE. 2130Suite, Apt. #, etc.
ONE S.E. THIRD AVE., STE. 2130City & State
MIAMI

FL

City & State
MIAMI

FL

Zip
33131

Country

Zip
33131

Country

4. FEI Number
59-2374753

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCOPROLITE CORPORATION
C/O MEL FRANKEL
1 SE 3RD AVE., SUITE 2130
MIAMI
33131

FL

7. Name and Address of New Registered AgentName
COPROLITE CORPORATION
Street Address (P.O. Box Number is Not Acceptable)
1 SE 3RD AVENUE
SUITE 2130
City
MIAMI

FL

Zip Code
33131

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 _____ **04/12/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE
NAME SD CALVERT YVONNE ☐ Delete
STREET ADDRESS 1 S.E. 3RD AVE., #2130
CITY-ST-ZIP MIAMI FLTITLE
NAME PD JACKSON CARLA ☐ Delete
STREET ADDRESS 1 S.E. 3RD AVE., #2130
CITY-ST-ZIP MIAMI FL 33131TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME SD CALVERT YVONNE ☒ Change ☐ Addition
STREET ADDRESS 1 S.E. 3RD AVE., #2130
CITY-ST-ZIP MIAMI FL 33131TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
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: YVONNE CALVERT

S

04/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)