

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K82817

1. Entity Name

KOBY'S TRANSPOTOURS, DELIVERY & MESSENGER SERVIC

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90058 035 \*\*\*150.00

Principal Place of Business

1865 79TH STREET  
5K  
NORTH BAY VILLAGE FL 33141  
US

Mailing Address

1865 79TH STREET  
5K  
NORTH BAY VILLAGE FL 33141-4210  
US

2. Principal Place of Business

2164 NE 162 ST  
Suite, Apt. #, etc.

3. Mailing Address

2164 NE 162nd ST.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
N.M.B.-FL-

City & State  
N.M.B.-FL-

4. FEI Number 65-0137625

Applied For  
Not Applicable

Zip  
33162

Country  
U.S.

Zip  
33162

Country  
U.S.

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

6. Name and Address of Current Registered Agent

KWITNEY, PAUL  
420 LINCOLN RD.  
SUITE 512  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name  
S AME.  
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

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD BERGER, KOBY <del>1865 79TH STREET 5K</del> 2164 NE 162nd ST <del>NORTH BAY VILLAGE FL</del> N.M.B.-FL-33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

4-3-00 1305-947-6601

CR2E034 (9/99)