2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: >

FILED Mar 25, 2002 8:00 am Secretary of State DOCUMENT # **K82817** KOBY'S TRANSPOTOURS, DELIVERY & MESSENGER SERVIC 03-25-2002 90092 011 ***150.00 E. INC. Principal Place of Business Mailing Address 2164 NE 162ND ST 2164 NE 162ND ST MIAMI FL 33162 MIAMI FL 33162 US 2. Principal Place of Business 5537 Ravenswood 5937 Kavenswood DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0137625 DANIA Not Applicable Zip 33312 Country Country \$8.75 Additional 5. Certificate of Status Desired U-Sa 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KWITNEY, PAUL P.O. Box Number is Not Acceptable) Ravers wood Road 420 LINCOLN RD. SUITE 512 MIAMI BEACH FL 33139 This statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Sign re, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVTD** CR2E034 (9/01) TITLE ☐ Delete TITLE ☐ Addition BERGER, KOBY NAME 2164 NE 162ND STREET STREET ADDRESS Ravenswood Road, #H-17 STREET ADDRESS MIAMI FL 33162 CITY-ST-ZIF CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the tempowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or changed, or on an attachment with eddress, with all other like empowered.