2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013521

1. Entity Name

KOSCIUSKO, MS L.L.C.

FILED

01 OCT -4 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business
10537 NW 55TH TERR
MIAMI FL 33178

FORMERLY:

Mailing Address
10537 NW 55TH TERR
MIAMI FL 33178

2. Principal Place of Business		3. Mailing Address	
9725 SW 215TH LANE		9725 SW 215TH LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI, FL		City & State: MIAMI, FL	
Zip: 33189-3709	Country: USA	Zip: 33189-3709	Country: USA

4. FEI Number 65-1058160 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BAKER, CHARLES N
10537 NW 55TH TERR
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name: CHARLES N BAKER

Street Address (P.O. Box Number is Not Acceptable): 9725 SW 215TH LANE

City: MIAMI, FL 33189-3709

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, 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	PRESIDENT, SOLE MEMBER ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHARLES NELSON BAKER	NAME	500004637045--3
STREET ADDRESS	9725 SW 215TH LANE	STREET ADDRESS	-10/15/01--01079--004
CITY-ST-ZIP	MIAMI, FL 33189-3709	CITY-ST-ZIP	*****55.00 *****55.00
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		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 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: CHARLES N BAKER [signature] 9/10/01