

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90071 041 \*\*\*150.00

DOCUMENT # **L11134** ✓

1. Entity Name

**C.O.K. Dockside Service Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**223 NE 114 ST.**

3. Mailing Address

**499 NE 7th St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Miami FL**

City & State

**Boca Raton FL**

4. FEI Number

**65-0158804**

Applied For

Not Applicable

Zip

**33161**

Country

**Dade**

Zip

**33432**

Country

**Palm beach**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

**Craig Koblitz**

Street Address (P.O. Box Number is Not Acceptable)

**499 NE 7th St.**

City

**Boca Raton**

**FL**

Zip Code

**33432**

**DO NOT WRITE  
IN THIS SPACE**

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) ☒

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**President  
Koblitz-Craig  
499 NE 7th St.  
Boca Raton FL 33432**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**Vice President (Secretary)  
Vic Koblitz Jr.  
223 NE 114 St.  
Miami FL 33161**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Craig Koblitz**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-6-02**

Date

**954-254-0263**

Daytime Phone #

CR2E034B (12/01)