

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L82258

1. Entity Name

KONOVER MOBILE, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90260 020 ***150.00

Principal Place of Business

Mailing Address

7000 W. PALMETTO PARK RD.
408
BOCA RATON FL 33433

% COHEN, GERSHMAN & WAKIM, P.C.
2410 ALBANY AVENUE
WEST HARTFORD CT 06117-2501

2. Principal Place of Business

3. Mailing Address
C/O Konover & Associates South, Inc.

7000 West Palmetto Park Road
Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 408

City & State

City & State

Boca Raton, FL

Zip

Country

Zip

33433

Country

4. FEI Number

65-0301170

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 Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DCP
NAME KONOVER, SIMON ☐ Delete
STREET ADDRESS 51 TUMBLEBROOK LANE
CITY-ST-ZIP WEST HARTFORD CT

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME LIJEDAH, RICHARD C ☒ Delete
STREET ADDRESS 2410 ALBANY AVE.
CITY-ST-ZIP WEST HARTFORD CT 06117

TITLE VPS
NAME Maria Ashenfelter
STREET ADDRESS 7000 West Palmetto Park Road, Suite 408
CITY-ST-ZIP Boca Raton, FL 33433 ☐ Change ☒ Addition

TITLE V
NAME ROSEN, JONATHAN ☐ Delete
STREET ADDRESS 40 E. 69TH ST.
CITY-ST-ZIP NEW YORK NY 10021

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS
NAME VINHAIS, SUSAN ☒ Delete
STREET ADDRESS 2410 ALBANY AVE.
CITY-ST-ZIP WEST HARTFORD CT 06117

TITLE AS
NAME Sandra Silvey
STREET ADDRESS 342 North Main Street, Suite 200
CITY-ST-ZIP West Hartford, CT 06117 ☐ Change ☒ Addition

TITLE S
NAME WAKIM, JAMES ☒ Delete
STREET ADDRESS 2410 ALBANY AVE.
CITY-ST-ZIP WEST HARTFORD CT 06117

TITLE T
NAME Kristen Mirrione
STREET ADDRESS 7000 West Palmetto Park Road Suite 408
CITY-ST-ZIP Boca Raton, FL 33433 ☐ Change ☒ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 or other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kristen Mirrione, Treasurer

Date

Daytime Phone #

4/18/00 (541) 394-4224