

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90327 013 \*\*\*150.00

**DOCUMENT # P00000030796**

1. Entity Name

**KOMPAS INTERNATIONAL TRADING GROUP, INC.**

Principal Place of Business

400 S.W. 2ND AVENUE  
 BOCA RATON FL 33432

Mailing Address

400 S.W. 2ND AVENUE  
 BOCA RATON FL 33432

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0995742

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SNYDER, PETER J. P.A.**  
**190 WEST PALMETTO PARK ROAD**  
**BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name **PUNITA JHAVERI**  
 Street Address (P.O. Box Number is Not Acceptable)  
**400 SW 2ND AVE**  
 City **BOCA RATON** FL Zip Code **33432**

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

*P. M. Jhaвери*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*03/19/01*

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

TITLE **D** ☒ Delete  
 NAME **SNYDER, PETER J**  
 STREET ADDRESS **190 WEST PALMETTO PARK ROAD**  
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D P T** ☐ Change ☒ Addition  
 NAME **PUNITA JHAVERI**  
 STREET ADDRESS **400 SW 2ND AVE**  
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **D V P S** ☐ Change ☒ Addition  
 NAME **MITA BHANDARI**  
 STREET ADDRESS **400 SW 2ND AVE**  
 CITY-ST-ZIP **BOCA RATON FL 33432**

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

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

TITLE ☐ Change ☐ Addition  
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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 all other like empowered.

SIGNATURE:

*P. M. Jhaвери*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*03/01/01*

Date

*(561) 368 0057*

Daytime Phone #

CR2E034 (10/00)