

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90493 012 ***150.00

770334

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000063158

1. Entity Name

KOI EXPRESS, INC.

Principal Place of Business

6540 Metrowest Blvd. #318
 Orlando, FL 32835

Mailing Address

6540 Metrowest Blvd. #318
 Orlando, FL 32835

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

EIN # 59-3655896 181812

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

Karina Kirichenko
 6540 Metrowest Blvd. #318
 Orlando, FL 32835

7. Name and Address of New Registered Agent

Name

Karina Kirichenko

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

6540 Metrowest Blvd #318

City

Orlando

FL

Zip Code

32835

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

KARINA KIRICHENKO

PRESIDENT

Karina Kirichenko

4-21-01

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!!

After MAY 1, 2001

Make Check Payable

FEE IS \$150.00

Fee will be \$550.00

to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME Karina Kirichenko
 STREET ADDRESS 6540 Metrowest Blvd #318
 CITY-ST-ZIP Orlando, FL 32835

TITLE ☐ Delete

NAME Vice-President
 STREET ADDRESS Leonardo Campins
 CITY-ST-ZIP 6540 Metrowest Blvd #318
 Orlando, FL 32835

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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 CITY-ST-ZIP

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NAME
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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
 indicated on this report or supplemental report is true and accurate and that m
 of the corporation or the receiver or trustee empowered to execute this report
 changed, or on an attachment with an address, with all other like empowered.

exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informati
 signature shall have the same legal effect as if made under oath; that I am an officer or director
 required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

Karina Kirichenko

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

DIRECTOR

4-21-01

Date

(407) 445-3925

Daytime Phone #

CR2E034 (11/00)