

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91344 001 ***150.00

DOCUMENT # **P00000063391** ✓

1. Entity Name

Kiosk Distributors, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2994 W. New Haven Ave

3. Mailing Address

2994 W. New Haven Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

West Melbourne FL

City & State

West Melbourne, FL.

4. FEI Number

59-3711304

Applied For

Not Applicable

Zip

32904

Country

USA

Zip

32904

Country

USA

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

7. Name and Address of Current Registered Agent

Name

Paul Bouvier (CPA)

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

3210 North Wickham Rd

City

Melbourne

FL

Zip Code

32935

**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

Paul Bouvier

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

(NOTE: Registered Agent signature required when reinstating)

5/12/02

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
John David Curri Jr
253 Flanders DR
Indialantic, FL 32903*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

*Secretary
Laura Rosa Curri
253 Flanders DR
Indialantic, FL 32903*

TITLE
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CITY - ST - ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John D. Curri Jr

Date

Daytime Phone #

John D. Curri Jr

5/12/02

CR2E034B (12/01)

321-403-7404