

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90218 010 ***158.75

DOCUMENT # P00000073082

1. Entity Name
KOBASA CORPORATION

| | |
|--|--|
| Principal Place of Business 2699 COLLINS AVE STE 110 MIAMI BEACH FL 33140 | Mailing Address 2699 COLLINS AVE STE 110 MIAMI BEACH FL 33140 |
|--|--|

| | |
|--------------------------------|---------------------|
| 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 **65-1055972** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAEZ, GUSTAVO J
 8820 SW 132 PL UNIT 206
 MIAMI FL 33186**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|----------------------|-------------------------|----------------|---------------------------------|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| PD | SAEZ, GUSTAVO J | 8820 SW 132 PL UNIT 206 | MIAMI FL 33186 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| VSD | BAIGORRIA, EDUARDO R | 8820 SW 132 PL UNIT 206 | MIAMI FL 33186 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| TD | SAEZ, SILVIA M | 8820 SW 132 PL UNIT 206 | MIAMI FL 33186 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: _____ **Date** **Daytime Phone #**

Eduardo R. Baigorria (305) 532-1456
US Director 4-20-01

CR2E034 (10/00)