

2002 UNIFORM BUSINESS REPORT(UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90104 001 ***150.00

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

8888 S.W. 131 CT

Suite, Apt. #, etc.

203

City & State

MIAMI, FL

Zip

33186

Country

3. Mailing Address

8888 SW 131 CT

Suite, Apt. #, etc.

203

City & State

MIAMI, FL

Zip

33186

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

SAEZ, GUSTAVO J

8820 SW 132 PL UNIT 206 8888 SW 131 CT SUITE 203

MIAMI FL 33186

7. Name and Address of New Registered Agent

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, 2002 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 **PD** ☐ Delete
 NAME **SAEZ, GUSTAVO J**
 STREET ADDRESS **8820 SW 132 PL UNIT 206**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **VSD** ☒ Delete
 NAME **BAIGORRIA, EDUARDO R**
 STREET ADDRESS **8820 SW 132 PL UNIT 206**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **TD** ☐ Delete
 NAME **SAEZ, SILVIA M**
 STREET ADDRESS **8820 SW 132 PL UNIT 206**
 CITY-ST-ZIP **MIAMI FL 33186**

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 **PO** ☒ Change ☐ Addition
 NAME **SAEZ, GUSTAVO**
 STREET ADDRESS **8888 SW 131 CT**
 CITY-ST-ZIP **MIAMI, FL 33186**

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

TITLE **V/S/T/D** ☒ Change ☐ Addition
 NAME **SAEZ, Silvia M**
 STREET ADDRESS **8888 SW 132 CT Unit #203**
 CITY-ST-ZIP **MIAMI, FL 33186**

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

TITLE ☐ Change ☐ Addition
 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)