

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90454 049 ***150.00

DOCUMENT # P00000079389

1. Entity Name

K & K SMART GROUP, INC.

Principal Place of Business

**5545 S.W. 8TH STREET, SUITE 107
MIAMI FL 33134**

Mailing Address

**5545 S.W. 8TH STREET, SUITE 107
MIAMI FL 33134**

2. Principal Place of Business

1680 SW BAYSHORE BLVD

Suite, Apt. #, etc.

105

3. Mailing Address

1680 SW BAYSHORE BLVD

Suite, Apt. #, etc.

105

City & State

PORT SAINT LUCIE

City & State

PORT SAINT LUCIE

Zip

34984

Country

ST. LUCIE

Zip

34984

Country

ST. LUCIE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1037199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CASCAIS, TANIA

**5545 S.W. 8TH STREET, SUITE 107
MIAMI FL 33134**

7. Name and Address of New Registered Agent

Name

KORNEL ORI-KOVACS

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

1680 SW BAYSHORE BLVD

STE 105

City

PORT SAINT LUCIE

FL

Zip Code

34984

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

Kornel Ori-Kovacs

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

(NOTE: Registered Agent signature required when re-attesting)

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 **PVSD** ☐ Delete
NAME **ORI-KOVACS, KORNEL**
STREET ADDRESS **5545 S.W. 8TH STREET, SUITE 107**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE **TD** ☒ Delete
NAME **CASCAIS, TANIA**
STREET ADDRESS **5545 S.W. 8TH STREET, SUITE 107**
CITY-ST-ZIP **MIAMI FL 33134**

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 **PVSD** ☒ Change ☐ Addition
NAME **ORI-KOVACS, KORNEL**
STREET ADDRESS **1680 SW BAYSHORE BLVD, STE 105**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34984**

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

TITLE ☐ Change ☐ Addition
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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:

Kornel Ori-Kovacs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01

Date

Daytime Phone #

CR2E034 (10/00)