

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90076 046 ***150.00

DOCUMENT # P00000086044

1. Entity Name
KAFKA & PARTNERS INC.

Principal Place of Business
5614 PINNACLE HEIGHTS CIR #306
TAMPA FL 33624

Mailing Address
5614 PINNACLE HEIGHTS CIR #306
TAMPA FL 33624

2. Principal Place of Business **10901 BRIGHTON BAY BL** **3. Mailing Address** **10901 BRIGHTON BAY BL**

Suite, Apt. #, etc. **10309** **Suite, Apt. #, etc.** **10309**

City & State **ST. PETERSBURG, FL.** **City & State** **ST. PETERSBURG, FL.**

Zip **33716** **Country** **33716** **Country**

4. FEI Number **59-3668352** **Applied For** **Not Applicable**

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

6. Name and Address of Current Registered Agent

PASEK, MICHAEL D
4851 85TH AVE
PINELLAS PARK FL 33781

7. Name and Address of New Registered Agent

Name **SIMACEK, ZUZANA**
Street Address (R.O. Box Number is Not Acceptable) **10901 BRIGHTON BAY BL. NE #10309**
City **ST. PETERSBURG FL** **Zip Code** **33716**

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]* **ZUZANA SIMACEK** **4-27-02**
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	SPARAVALO, VOJISLAV	
STREET ADDRESS	5614 PINNACLE HEIGHTS CIR #306	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	☐ Delete
NAME	SPARAVALO, DEJAN	
STREET ADDRESS	5614 PINNACLE HEIGHTS CIR #306	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	☐ Delete
NAME	SIMACEK, ZUZANA	
STREET ADDRESS	5614 PINNACLE HEIGHTS CIR #306	
CITY-ST-ZIP	TAMPA FL 33624	
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	10901 BRIGHTON BAY BL. NE #10309
CITY-ST-ZIP	ST. PETERSBURG, FL. 33716
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	10901 BRIGHTON BAY BL. NE #10309
CITY-ST-ZIP	ST. PETERSBURG, FL. 33716
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	10901 BRIGHTON BAY BL. NE #10309
CITY-ST-ZIP	ST. PETERSBURG, FL. 33716
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-02 (813) 938-5856

CR2E034 (9/01)