

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90235 011 ***150.00

DOCUMENT # P00000105798

1. Entity Name
KMANN UNLIMITED, INC.



Principal Place of Business
**2494 S OCEAN BLVD, SPT A3
BOCA RATON FL 33432**

Mailing Address
**2494 S OCEAN BLVD. SPT A3
BOCA RATON FL 33432**

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 **65-1057088**

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

**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5:00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	KMANN, KARLIN	
STREET ADDRESS	2494 S OCEAN BLVD, APT A3	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	O	<input type="checkbox"/> Delete
NAME	SMOLEV, IRA MR.	
STREET ADDRESS	2494 S. OCEAN BLVD. APT A3	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	O	<input checked="" type="checkbox"/> Delete
NAME	SMOLEV, IRA MR.	
STREET ADDRESS	2494 S OCEAN BLVD. APT A3	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	O	<input checked="" type="checkbox"/> Delete
NAME	SMOLEV, IRA MR.	
STREET ADDRESS	2494 S OCEAN BLVD APT A3	
CITY-ST-ZIP	BOCA RATON FL 33432	
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CITY-ST-ZIP	BOCA RATON FL 33432	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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 #

8-27-03 5613920030

CR2E034 (10/02)