

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2003 8:00 am**  
**Secretary of State**

06-05-2003 90129 036 \*\*\*550.00

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DOCUMENT # P00000106031

1. Entity Name  
ONEKOL, INC.



Principal Place of Business  
2202 N.W. 56TH STREET  
MIAMI FL 33166

Mailing Address  
7202 N.W. 56TH STREET  
MIAMI FL 33166

2. Principal Place of Business  
62 INDIAN TRAIL

3. Mailing Address  
62 INDIAN TRAIL

Suite, Apt. #, etc.  
#294

Suite, Apt. #, etc.  
#294

City & State  
WESTON FL

City & State  
WESTON FL

Zip  
33326-4551

Country

Zip  
33326-4551

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1057569

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

SCHOTT, LAWRENCE D ESQ.  
2100 EAST HALLANDALE BEACH BLVD.  
SUITE 200  
HALLANDALE FL 33009

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 \_\_\_\_\_ (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 ☐ Delete  
NAME KLIGER, SHMUEL  
STREET ADDRESS 62 INDIAN TRAIL #294  
CITY-ST-ZIP WESTON FL 33326

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

TITLE D ☐ Delete  
NAME KLIGER, LESLIE  
STREET ADDRESS 62 INDIAN TRAIL #294  
CITY-ST-ZIP WESTON FL 33326

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition  
NAME  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/03

Date

Daytime Phone #

CR2E034 (10/02)