

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
 05-05-2003 91155 031 ***150.00

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DOCUMENT # P01000016872

1. Entity Name
KUPPA CABANA, CORP.

Principal Place of Business

**3326 NE 33RD ST
 FT LAUDERDALE FL 33308**

Mailing Address

**3326 NE 33RD ST
 FT LAUDERDALE FL 33308**

2. Principal Place of Business

**1600 S FED HWY
 Suite, Apt. #, etc.
 915**

3. Mailing Address

**1600 S FED HWY
 Suite, Apt. #, etc.
 915**

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33062

Country

US

Zip

33062

Country

US

4. FEI Number

65-1062328

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

GONYO, KENNETH D

**3326 NE 33RD ST
 FT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name **Gonyo, Kenneth D.**

Street Address (P.O. Box Number is Not Acceptable)
1600 S FED HWY STE 915

City **Pompano Beach** **FL** Zip Code **33062**

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 **VTD** ☐ Delete
 NAME **GONYO, KENNETH D**
 STREET ADDRESS **6341 NE 22ND AVE**
 CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE **PD** ☐ Delete
 NAME **MIRRA, PENNY S**
 STREET ADDRESS **6341 NE 22ND AVE**
 CITY-ST-ZIP **FT LAUDERDALE FL 33308**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

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

4/29/03 **954-946-9107**
 Date Daytime Phone #

CR2E034 (9/01)