

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jul 08, 2002 8:00 am
Secretary of State

05-27-2002 90456 032 ***150.00

DOCUMENT # P01000039667

1. Entity Name
KOSS DESIGN GROUP, INC.

Principal Place of Business
407 LINCOLN ROAD, SUITE 5-B
MIAMI BEACH FL 33139

Mailing Address
407 LINCOLN ROAD, SUITE 5-B
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

1900 Sunset Harbor Dr. #1609
Miami Bch, FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

33139

US

4. FEI Number

05-014230

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

BRITO, LUIS G
407 LINCOLN ROAD, SUITE 5-B
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name: Karen Garcia Mendez
Street Address (P.O. Box Number is Not Acceptable)
14548 S.W. 95th Ln.
City: Miami FL Zip Code: 33186

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 *Karen Garcia Mendez*
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 | PD | <input type="checkbox"/> Delete |
| NAME | KOSTAS, ANDREW III | |
| STREET ADDRESS | 1 CENTURY LANE | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------------|-------------------------------------|--|
| TITLE | Kostas, Andrew III | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1900 Sunset Harbor Dr. #1609 | |
| STREET ADDRESS | Miami Bch, FL 33139 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 305/992.8387

Date

Daytime Phone #

CR2E034 (9/01)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 4, 2002

KOSS DESIGN GROUP, INC.
1900 SUNSET HARBOR DR #1609
MIAMI BEACH, FL 33139

Subject: **KOSS DESIGN GROUP, INC.**

Reference Number: **P01000039667**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

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ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314