

02-03

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAR 14 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000045395

1. Entity Name

KAMP CORP



DO NOT WRITE IN THIS SPACE

300014413173
03/20/03--01056--022 **300.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

102 NE 2nd ST

Suite, Apt. #, etc.

188

City & State

BOCA RATON FL

Zip

33432

Country

US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1115867

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

ABRAHAM KPIR

Street Address (P.O. Box Number is Not Acceptable)

102 NE 2nd ST #188

City

BOCA RATON

FL

Zip Code

33432

DO NOT WRITE
IN THIS SPACE

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.

If not FC Registered Agent signature required when reinstating.

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	KPIR ABRAHAM	102 NE 2nd ST #188	BOCA RATON, FL 33432

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TITLE	NAME	STREET ADDRESS	CITY-STATE-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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-2003

Date

Daytime Phone #

CR2E034B (12/02)

28 3/18