

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90437 016 ***150.00

DOCUMENT # P01000060530

1. Entity Name

KUNAK ENTERPRISES INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16119 SW 11TH ST

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 825682

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PEMBROKE PINES FL

City & State

PEMBROKE PINES FL

4. FEI Number

65-1115464

Applied For

Not Applicable

Zip

33027

Country

Zip

33082

Country

U.S.A

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

GONZALO PAZ

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

16119 SW 11TH ST

City

PEMBROKE PINES FL

FL

Zip Code

33027

**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.

SIGNATURE

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

GONZALO PAZ VPD

04-29-02

(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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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: **PRESIDENT**
NAME: **MANUEL E. PAZ**
STREET ADDRESS: **16119 SW 11TH ST**
CITY - ST - ZIP: **PEMBROKE PINES FL 33027**

TITLE: **VPD**
NAME: **GONZALO J. PAZ**
STREET ADDRESS: **SAME**
CITY - ST - ZIP: **SAME**

TITLE: **TD**
NAME: **SANDRO PAZ**
STREET ADDRESS: **SAME**
CITY - ST - ZIP: **SAME**

TITLE: **SC**
NAME: **DANIEL F. PAZ**
STREET ADDRESS: **SAME**
CITY - ST - ZIP: **SAME**

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GONZALO PAZ

04-29-02

954-4437893

Date

Daytime Phone #

CR2E034B (12/01)