

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90188 029 ***150.00

DOCUMENT # P01000061969

1. Entity Name
KNIGHTSBRIDGE, INC.

Principal Place of Business Mailing Address
~~100 SE 2ND ST., SUITE 2150~~ ~~100 SE 2ND ST., SUITE 2150~~
~~MIAMI FL 33131~~ ~~MIAMI FL 33131~~

2. Principal Place of Business 3. Mailing Address
9700 COLLINS AVE *Same*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
265

City & State City & State 4. FEI Number Applied For
DALE HARBOUR FL **65-1121343** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
33154 USA

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
ENGELS, MARTIN Name **NIM VASWANI**
100 SE 2ND ST., SUITE 2150 Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33131 **1824 HARBOR VIEW CIR**
 City **WESTON** **FL** Zip Code **33327**

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ENGELS, MARTIN		NAME		
STREET ADDRESS	100 SE 2ND ST., SUITE 2150		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PRES		NAME		
STREET ADDRESS	NIM VASWANI		STREET ADDRESS		
CITY-ST-ZIP	1824 HARBOR VIEW CIR		CITY-ST-ZIP		
	WESTON FL 33327				
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VP		NAME		
STREET ADDRESS	EDWARD DESWART		STREET ADDRESS		
CITY-ST-ZIP	907 GARNET CIR		CITY-ST-ZIP		
	WESTON FL 33326				
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SEC/TREASURER		NAME		
STREET ADDRESS	ROBIN VASWANI		STREET ADDRESS		
CITY-ST-ZIP	1824 HARBOR VIEW CIR		CITY-ST-ZIP		
	WESTON FL 33327				
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 Date Daytime Phone #

CR2E034 (9/01)