

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

02-11-2002 90114 011 \*\*\*150.00

03/03/10  
 AV

**DOCUMENT # P01000073345**

1. Entity Name  
**K & B GLOBAL TRADE CORP.**

Principal Place of Business  
**2255 GLADES ROAD, SUITE 236 WEST**  
**BOCA RATON FL 33431**

Mailing Address  
**2255 GLADES ROAD, SUITE 236 WEST**  
**BOCA RATON FL 33431**



2. Principal Place of Business  
**BOCA DESIGN CENTER 3500NW**

3. Mailing Address  
**BOCA DESIGN CENTER 3500NW**

Suite, Apt. #, etc.  
**2nd Ave Suite 801**

Suite, Apt. #, etc.  
**2nd Ave Suite 801**

DO NOT WRITE IN THIS SPACE

City & State  
**BOCA FL**

City & State  
**BOCA FL**

4. FEI Number  
**65-1141359**

Applied For  
 Not Applicable

Zip  
**33431**

Country

Zip  
**33431**

Country

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

## 6. Name and Address of Current Registered Agent

**SHANE, TIM A ESQ.**  
**2255 GLADES ROAD, SUITE 236 WEST**  
**BOCA RATON FL 33431**

## 7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 *Waltawaf*

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KALKAVAN, YILMAZ</b>	
STREET ADDRESS	<b>2255 GLADES ROAD, SUITE 236 WEST</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>BOCA DESIGN CENTER</b>
CITY-ST-ZIP	<b>3500NW 2nd AV Suite 801</b> <b>BOCA FL 33431</b>
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	
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: *Waltawaf*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/2002  
 Date Daytime Phone #

CR2E034 (9/01)