

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2006 8:00 am x1
Secretary of State

03-06-2006 90034 014 ***150.00

DOCUMENT # P01000090324

1. Entity Name

I KOLEN'S INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2544 SW 30TH AVENUE

3. Mailing Address

50001059

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PEMBROKE PARK, FL

City & State

4. FEI Number
65-1139883

Applied For
Not Applicable

Zip
33009

Country

Zip

Country

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

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
GRACIELA BAKSCHI

Street Address (P.O. Box Number is Not Acceptable)
2544 SW 30TH AVENUE

City
PEMBROKE PARK, FL

FL

Zip Code
33009

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: Graciela Bakschi GRACIELA BAKSCHI 3/1/06
Signature: typed or printed name of registered agent and title if applicable. (NOTE: 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

11.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
GRACIELA BAKSCHI
2544 SW 30TH AVENUE
PEMBROKE PARK, FL 33009

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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: Graciela Bakschi GRACIELA BAKSCHI 3/1/06 9544580000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #