

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90167 033 ***150.00

DOCUMENT # P01000104861

1. Entity Name

KOBALTUS, INC.

DO NOT WRITE IN THIS SPACE

656518

2. Principal Place of Business

12440 NW 15th street

3. Mailing Address

12440 NW 15th street

Suite, Apt. #, etc.

Suite 3206

Suite, Apt. #, etc.

Suite 3206

City & State

SUNRISE, FLORIDA

City & State

SUNRISE, FLORIDA

Zip

33323-5236

Country

US

Zip

33323-5236

Country

US

4. FEI Number

65-1148598

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JEANETTE PACORA

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

12440 NW 15th street suite 3206

City

SUNRISE

FL

Zip Code

33323-5236

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

Jeanette Pacora

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

(NOTE: Registered Agent signature required when reinstating)

4/26/02
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 \$61.25

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 PSD
NAME JEANETTE PACORA
STREET ADDRESS 12440 NW 15th street, suite 3206
CITY-ST-ZIP SUNRISE, FL 33323-5236

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CR2E034B (12/01)

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:

Jeanette Pacora

Jeanette Pacora

4/26/02

954-838-9856

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #