

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90140 040 ***150.00

DOCUMENT # P01000104861

1. Entity Name
KOBALTUS, INC.



Principal Place of Business
**12440 NW 15TH STREET
SUITE 3206
SUNRISE FL 33323**

Mailing Address
**12440 NW 15TH STREET
SUITE 3206
SUNRISE FL 33323**

2. Principal Place of Business
12430 NW 15th PLACE

3. Mailing Address
12430 NW 15th PLACE

Suite, Apt. #, etc.
Suite 13302

Suite, Apt. #, etc.
SUITE 13302

City & State
Sunrise, FL

City & State
Sunrise, FL.

Zip
33323

Country

Zip
33323

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1148598**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PACORA, JEANETTE
12440 NW 15TH STREET
SUITE 3206
SUNRISE FL 33323**

Name
JEANETTE PACORA
Street Address (P.O. Box Number is Not Acceptable)
**12430 NW 15th PLACE
SUITE 13302**
City **SUNRISE** FL Zip Code **33323**

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 *Jeannette Pacora* **Jeannette Pacora**

4/12/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PSD**
STREET ADDRESS **PACORA, JEANETTE**
CITY-ST-ZIP **12440 NW 15TH STREET
SUNRISE FL 33323**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeannette Pacora **Jeannette Pacora**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/03
Date

954-838-9856
Daytime Phone #

CR2E034 (10/02)