

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90078 013 ***150.00

DOCUMENT # P02000014065



1. Entity Name
KOMPASS CORPORATION

Principal Place of Business
**1725 MAIN STREET, SUITE NO. 205
WESTON FL 33326**

Mailing Address
**1725 MAIN STREET, SUITE NO. 205
WESTON FL 33326**



2. Principal Place of Business
1051 NE 90 STREET
Suite, Apt. #, etc.

3. Mailing Address
1805 West 49th Street
Suite, Apt. #, etc.
301

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL
Zip
33138
Country
USA

City & State
HINLEIGH FL
Zip
33012
Country
USA

4. FEI Number
03-0388037

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TOVAR, ILEANA ARIAS ESQ.
1725 MAIN STREET, SUITE NO. 205
WESTON FL 33326

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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

TITLE **D** ☐ Delete
NAME **KRUMINS, VISVALDIS J**
STREET ADDRESS **1725 MAIN STREET, SUITE NO. 205**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **D** ☐ Delete
NAME **LIBIETIS DE KRUMINS, KARINA**
STREET ADDRESS **1725 MAIN STREET, SUITE NO. 205**
CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **KRUMINS, VISVALDIS J.**
STREET ADDRESS **1051 NE 90 STREET**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE **D** ☒ Change ☐ Addition
NAME **LIBIETIS DE KRUMINS, KARINA**
STREET ADDRESS **1051 NE 90 STREET**
CITY-ST-ZIP **MIAMI FL 33138**

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

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

TITLE ☐ Change ☐ Addition
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: **X** **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb/05/2003 **(706) 443 4103**
Date Daytime Phone #

CR2E034 (10/02)