## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P02000039840

1. Entity Name KORKO, INC.



Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90252 046 \*\*\*150.00

**FILED** 

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CORN. SPRINKS FL 30071  PRIMEROKE PAIS FL 30024  2. First plant Pages of Business  Suite, Apt. 4, etc.  City & States  City & States  City & States  City & States  Country  2. December   Country   2p   2p   2p   2p   2p   2p   2p   2													
Surject Action of Business   S. Mailling Address   Surject Agent   City & State   City & City & State   City & City & State   City & Ci	Principal Place of Business 1341 NORTHWEST 91ST AVENUE CORAL SPRINGS FL 33071				2150 NORTH UNIVERSITY DRIVE								
City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  Country  Country  S. Certificate of State Desired  Fee Required  Fee Requi	2. Principal Place of Business				3. Mailing Address					<b>                                    </b>	}		
Zip Country Zip Country 5. Certificate of Status Desired Peer Regulational Peer Regu	Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Name  Street Address of New Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Co	City & State				City & State				FEI Number 04-36	398	<i>41</i>		
Name   Street Address (PO, Box Number is Not Acceptable)	Zip Country Zip					Country			Certificate of Status Desired				
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### FLOOR MAME FL. 33145  B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collisions of registered agent, or both, in the State of Florida. I am familiar with, and accept the collisions of registered agent, or both, in the State of Florida. I am familiar with, and accept the collisions of registered agent, or both, in the State of Florida. I am familiar with, and accept the collisions of registered agent, or both, in the State of Florida. I am familiar with, and accept the collisions of registered agent, or both, in the State of Florida. I am familiar with, and accept the collisions of registered agent, or both, in the State of Florida. I am familiar with, and accept the collisions of registered agent, or both, in the State of Florida. I am familiar with, and accept the collisions of registered agent, or both, in the State of Florida. I am familiar with, and accept the collisions of registered agent, or both, in the State of Florida. I am familiar with, and accept the collisions of registered agent, or both, in the State of Florida. I am familiar with, and accept the collisions of registered agent, or both, in the State of Florida. I am familiar with, and accept the collisions of registered agent, or both, in the State of Florida. I am familiar with, and accept the collisions of registered agent, or registered agent, or both, in the State of Florida. I am familiar with, and accept the collisions of registered agent, or re			P.A.		Street Address			ss (P.O. B	(P.O. Box Number is Not Acceptable)				
B. 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 deport.  SIGNATURE  Signature upde or princed name of registered agent and title it applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NITE IN Addition Name  MANUALS, TSAMBIKOS K  SIRRET ADDRESS  CITY-51-2P  TITLE  SYD  DIRECT ADDRESS  CITY-51-2P  TITLE  Detele  TITLE  NAME  SIRRET ADDRESS  CITY-51-2P  TITLE  Change  Addition  A		200	•										
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12. Thereby 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		ertify that the	information eupplied with	this filing	does not qualify for			Section	119 07/3)(i) Florida Statutos	I further con	tify that the in	nformation	

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:

TSAMBIKOS

SIGNATURA AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR