

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P02000060409

1. Entity Name  
KORNEL'S CORPORATION



FILED

03 OCT 17 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4975 DELAWARE AVE  
MIAMI BEACH FL 33140

Mailing Address  
4975 DELAWARE AVE  
MIAMI BEACH FL 33140

2. Principal Place of Business

24 NW 29 St.

3. Mailing Address

24 NW 29 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI - FL

City & State

FL 33127 - Miami

Zip

33127

Country

DADE

Zip

33127

Country

DADE

4. FEI Number

75-3068553

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GAUDNIK, PEDRO  
4975 DELAWARE AVE  
MIAMI BEACH FL 33140

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

PEDRO GAUDNIK

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing -- **\$5.00** May Be  
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME GAUDNIK, PEDRO ☐ Delete  
STREET ADDRESS 4975 DELAWARE AVE  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE VS  
NAME GAUDNIK, MYRIAM ☐ Delete  
STREET ADDRESS 4975 DELAWARE AVE  
CITY-ST-ZIP MIAMI BEACH FL 33140

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 ☐ Change ☐ Addition  
NAME 600023912786  
STREET ADDRESS 10/17/03--01081--013 \*\*500.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 600023912786  
STREET ADDRESS 10/17/03--01081--014 \*\*250.00  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)