

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P02000074278**

1. Entity Name

**Krow's Kitchen, Inc**



**FILED**

**03 OCT 31 PM 4:22**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**846 N.E 20th DR**

Suite, Apt. #, etc.

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

City & State

**WILTON MANORS**

City & State

**REINSTATEMENT**

Zip

**33305**

Country

**USA**

Zip

Country

4. FEI Number

**55-0788495**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**GREG KOROSCEZ**

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

**846 NE 20th DR**

City

**WILTON MANORS**

FL

Zip Code

**33305**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President  
Gregory S. Koroscez  
846 NE 20th Dr 33305  
Wilton Manors USA FLA**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**000024601340  
11/12/03-01014-015 \*\*\*150.00**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/10/03**

**9545615670**

CR2E034B (12/02)

September 10, 2003

Florida Department of State  
Division of Corporations

~~PO Box 6327~~  
Tallahassee, FL 32314

Re: FEI # 55-0788495 Krcw,s-Kitchen, Inc.

To whom It May Concern:

Our CPA informed us that when he was preparing our corporate tax return that our UBR was not filed.. Our office has never received any documentation regarding the renewal of this corporation.

We are respectfully requesting that your office waive the reinstatement fee. Enclosed please find the reinstatement form along with a check in the amount of \$150.00 for the yearly registration fee.

Thank you for your consideration in this matter.

Sincerely,



Greg Korosecz  
Registered Agent