

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90186 011 ***150.00

DOCUMENT # P02000127260

1. Entity Name
KOMCARD, INC.



Principal Place of Business
C/O 7901 SW 6TH CT STE #110
PLANTATION FL 33324

Mailing Address
C/O 7901 SW 6TH CT STE #110
PLANTATION FL 33324



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
300 South Pine Island Rd.
Suite, Apt. #, etc. 220

3. Mailing Address
300 S. Pine Island Rd.
Suite, Apt. #, etc. 220

City & State
PLANTATION, FL
Zip 33324 **Country** USA

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PLANTATION, FL
Zip 33324 **Country** USA

4. FEI Number
04-3725640

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SLOTIN
SLOTIN, DAVID R
7901 SW 6TH CT STE #110
PLANTATION FL 33324

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

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSC KRACER, DENISE C/O 7901 SW 6TH CT STE #110 PLANTATION FL 33324	<input type="checkbox"/> Delete
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CR2E034 (10/02)

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:

DENISE KRACER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/03

954-424-1806
Daytime Phone #