

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90150 049 ***550.00

DOCUMENT # P35651

1. Entity Name
KOG TRANSPORT, INC.

Principal Place of Business

**377 BROADWAY
 NEW YORK NY 10013**

Mailing Address

**377 BROADWAY
 NEW YORK NY 10013**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3076261

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**GARCIA, THAMARA
 C/O KOG TRANSPORT INC
 7392 NW 35 TERRACE
 MIAMI FL 33122**

7. Name and Address of New Registered Agent

Name **RICARDO VALDES C/O KOG TRANSPORT, INC.**
 Street Address (P.O. Box Number is Not Acceptable)
2153 N.W. 79TH AVENUE
 City **MIAMI** FL **33122**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$550.00.
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☐ Delete
 NAME **OSMERS, JUERGEN**
 STREET ADDRESS **2 EAST END AVE, PH-C**
 CITY-ST-ZIP **NEW YORK NY 10021**

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

TITLE **C** ☒ Delete
 NAME **OSMERS, JUERGEN**
 STREET ADDRESS **245 EAST 93RD ST.**
 CITY-ST-ZIP **NEW YORK NY**

TITLE **C** ☒ Change ☐ Addition
 NAME **OSMERS, JUERGEN**
 STREET ADDRESS **2 EAST END AVENUE, PH-C**
 CITY-ST-ZIP **NEW YORK, N.Y. 10021**

TITLE **D** ☐ Delete
 NAME **GROSSKOPF, HANS**
 STREET ADDRESS **UERDINGER STRASSE 56**
 CITY-ST-ZIP **GERMANY**

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

TITLE **D** ☐ Delete
 NAME **GUBLER, ROLF**
 STREET ADDRESS **ALPENSTRASSE 11**
 CITY-ST-ZIP **SWITZERLAND**

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

TITLE **S** ☐ Delete
 NAME **COULTAUS, WILLIAM**
 STREET ADDRESS **70-19 65 PLACE**
 CITY-ST-ZIP **GLENDALE NY**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)