

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
 Suite, Apt. #, etc.

3. Mailing Address
 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 Zip Code **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]* DATE **7/31/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	DPT	<input type="checkbox"/> Delete
NAME	OSMERS, JUERGEN	
STREET ADDRESS	2 EAST END AVE, PH-C	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	OSMERS, JUERGEN	
STREET ADDRESS	245 EAST 93RD ST.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	GROSSKOPF, HANS	
STREET ADDRESS	UERDINGER STRASSE 56	
CITY-ST-ZIP	GERMANY	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUBLER, ROLF	
STREET ADDRESS	ALPENSTRASSE 11	
CITY-ST-ZIP	SWITZERLAND	
TITLE	S	<input type="checkbox"/> Delete
NAME	COULTAUS, WILLIAM	
STREET ADDRESS	70-19 65 PLACE	
CITY-ST-ZIP	GLENDALE NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSMERS, JUERGEN	
STREET ADDRESS	2 EAST END AVENUE, PH-C	
CITY-ST-ZIP	NEW YORK, N.Y. 10021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* DATE **8/13/02** DAYTIME PHONE # **212-226-1040**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)