

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000070470

Entity Name  
K.V. MARK IMPORTS, INC.

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90135 026 \*\*\*150.00

Principal Place of Business  
5220 NW 72ND AVE  
MIAMI FL 33166

Mailing Address  
5220 NW 72ND AVE  
MIAMI FL 33166

Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
65-0445167

Applied For  
Not Applicable

Zip Country Zip Country

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

KOLSKI JR, STEPHEN J  
CATLIN, SAXON, TUTTLE AND EVANS, PA  
169 EAST FLAGLER STREET  
MIAMI FL 33131

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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.

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

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
PD	PENA, CARLOS	AGUIRRE 104 Y MALECON	GUAYAQUIL, ECUADOR				
V	CARRERA, JENNY	5220 NW 72ND AVENUE UNIT 25	MIAMI FL 33166				
ST	BRUBAKER, JACQUELINE J	5220 NW 72ND AVENUE UNIT 25	MIAMI FL 33166				
D	PENA, CARLOS	AGUIRRE 104 Y MALECON	GUAYAQUIL, ECUADOR				

9. 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]* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/02 305-593-0669  
Date Daytime Phone #

CR2E034 (9/01)