

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000001467

1. Entity Name

KONIK EQUIPMENT TECHNOLOGY AND SUPPLIES, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90179 049 ***150.00

Principal Place of Business

8391 NW 64TH STREET
MIAMI FL 33166
US

Mailing Address

8391 NW 64TH STREET
MIAMI FL 33166-2601
US

2. Principal Place of Business

5701 NW 79 Ave.

Suite, Apt. #, etc.

3. Mailing Address

5701 NW 79 Ave

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami, FL

4. FEI Number

65-0545864

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA

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

ROYO, RODRIGO

8391 NW 64TH STREET
MIAMI FL 33166

Name

Rodrigo Royo

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

5701 NW 79 Ave

City

Miami

FL

Zip Code

33166

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.

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 \$150.00
After MAY 1, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROYO, RODRIGO	
STREET ADDRESS	8931 NW 64TH STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	FIALLOS-ROYO, MARIA H	
STREET ADDRESS	8391 NW 64TH STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROYO, RODRIGO	
STREET ADDRESS	5701 NW 79 Ave	
CITY-ST-ZIP	Miami, FL 33166	
TITLE	VPSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIALLOS-ROYO, MARIA H	
STREET ADDRESS	5701 NW 79 Ave	
CITY-ST-ZIP	Miami, FL 33166	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)