

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90109 030 ***150.00

DOCUMENT # **P9500008266**

1. Entity Name

MICHAEL KUHNBERG, INC.

DO NOT WRITE IN THIS SPACE

80056721

2. Principal Place of Business

3. Mailing Address

7481 W OAKLAND PK. BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101

City & State

City & State

LAUDERHILL, FL. 33319

4. FEI Number

65-0616288

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MICHAEL KUHNBERG

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

7481 W. OAKLAND PK. BLVD.

City

LAUDERHILL

FL

Zip Code

33317

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**KUHNBERG, MICHAEL
7481 W. OAKLAND PK. BLVD.
SUITE 101
LAUDERHILL, FL. 33319**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **x Michael Kuhnberg**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 2, 2002

Date

954-726-5164

Daytime Phone #

CR2E034B (12/01)