

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90104 011 ***150.00

DOCUMENT # P96000024058

1. Entity Name
OR KOL, INC.



Principal Place of Business
8863 SONOMA LAKES BLVD
BOCA RATON FL 33434
US

Mailing Address
% REJEAN LAPIERRE
7800 W. OAKLAND PARK BLVD.. BLDG G
SUNRISE FL 33351



2. Principal Place of Business
7800 W. Oakland Park Blvd.

3. Mailing Address

Suite, Apt. #, etc.
Suite G-121

Suite, Apt. #, etc.

City & State
Sunrise, Florida

City & State

Zip
33351

Country
USA

Zip

Country

4. FEI Number **65-0700514**

Applied For
Not Applicable

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

☐ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAPIERRE, REJEAN
7800 W. OAKLAND PARK BLVD
BLDG G
SUNRISE FL 33351

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ **Delete**
NAME **LANDMANN, ZVIA**
STREET ADDRESS **8863 SONOMA LAKES BLVD**
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **7800 W. Oakland Park Blvd. Suite G-121**
CITY-ST-ZIP **Sunrise, Florida 33351**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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CR2E034 (10/02)

12. 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 10 or Block 11 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

2/4/03
Date

954-749 8802
Daytime Phone #