

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90501 032 ***150.00

DOCUMENT # P96000026369

1. Entity Name
Cracovia Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3412 E. Atlantic Blvd
Suite, Apt. #, etc.

3. Mailing Address
3412 E. Atlantic Blvd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pompano Bch FL

City & State
Pompano FL

4. FEI Number
650660659

Applied For
Not Applicable

Zip Country
33062 U.S.

Zip Country
33062 U.S.

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Waldemar Kaczocha

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

3412 E. Atlantic Blvd.
Pompano Bch FL Zip Code 33062

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 _____ (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
D
Waldemar Kaczocha
3412 E. Atlantic Blvd.
Pompano Bch FL 33062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Ilona Kaczocha
3412 E. Atlantic Blvd.
Pompano Bch FL 33062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
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 another like empowered.

SIGNATURE: Waldemar Kaczocha 4/30/02 954 427-7771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)