

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** P960000045359

**1. Entity Name**  
Koneko Industries, Inc.

**Principal Place of Business**  
1491 NE 48 ST  
Pompano Bch, FL 33064

**Mailing Address**  
1491 NE 48 ST  
Pompano Bch, FL 33064

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 10 AM 8:41

**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State  
Zip

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip

**4. FEI Number**  
65-0665962

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
Doreen Desmond  
1491 NE 48 ST  
Pompano Bch, FL 33064

**7. Name and Address of New Registered Agent**  
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.**

**SIGNATURE** *Doreen Desmond* **Doreen Desmond**  
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** ☐ **\$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-ST-ZIP	President Desmond, Doreen 1491 NE 48 ST Pompano Bch, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:** *Doreen Desmond* / Doreen Desmond **4-11-00** 9544276012  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

7-5-00

Michele,

As per our conversation, I have enclosed a copy of a check to the dept. of state from Koneko Industries for the 1999 Annual Report Fee, the year in question. I have also enclosed the Annual report and payment for the year 2000 which was returned to me because of the question in 1999. I have confidence that this matter will ~~be~~ be resolved quickly. If there are any questions, I can be reached by phone at 954-427-6012 or mail at 1491 NE 48<sup>th</sup> ST, Pompano Bch, FL 33064

Although most likely routine, I do request a letter from your office stating that Koneko Industries is properly reinstated with the State of Florida.

Thank You  
Doreen Desmond  
Koneko Industries, Inc