2000 UNIFORM BUSINESS REPORT (UBR)

6/20/00-90004-014-$150.00-$150.00

1 of 2

DOCUMENT # P97000023268

1. Entity Name

KHS AUTO SALES, INC (R)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 27 AM 11:00

[redacted]

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
18760 NE 18 AVE #234 N.M.B, Fl 33179	2124 NE 123 ST. #203 N. MIAMI, Fl 33181
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0740155 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OMAR E. HASETH
1012 NE 167 ST.
N.M.B, Fl 33162

7. Name and Address of New Registered Agent

Name ZSOLT SZABO

Street Address (P.O. Box Number is Not Acceptable) 18760 NE 18 AVE #234

City N.M.B FL Zip Code 33179

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 X [signature] 6/15/00

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P.D.S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SZABO, ZSOLT	NAME	
STREET ADDRESS	18760 NE 18 AVE #234	STREET ADDRESS	
CITY-ST-ZIP	N.M.B, Fl 33179	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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] 6/15/00 305-899125 305-944805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KHS Auto Sales Inc.
2124 NE 123 St #203
N.Miami, Fl 33181

Jul. 07,2000

Dept. of State
Division of Corporations
P.O. Box 1500
Tallahassee, Fl 32302-1500

Dear Sir,

As per our telephone converstaion today regarding the annual report for the year 2000, please be advised that we did not receive the annual report on time since our registered agent/accountant Omar E. Haseth had passed away and we were unable to obtain our records or forms from his office. Our new mailing address is:

2124 NE 123 St. #203
N.Miami, Fl 33181

We apologize for the inconvenience and please reconsider this and file our annual report.

Thank you

Zcolt Szabo
President