

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

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90126 012 ***150.00

DOCUMENT # **P97000023268**

1. Entity Name

KHS AUTO SALES, INC.

DO NOT WRITE IN THIS SPACE

978539

2. Principal Place of Business

18760 NE 18 AVE

Suite, Apt. #, etc.

234

3. Mailing Address

2124 NE 123 ST #203

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

N.M.B. FL

City & State

N.MIAMI FL

Zip

33179

Country

U.S.A

Zip

33181

Country

U.S.A

4. FEI Number

65-0740155

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

SZABO, ZSOLT

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

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
**PDS
SZABO, ZSOLT
18760 NE 18 AVE #234
N.M.B. FL 33179**

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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: **A**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

9/14/02

CR2E034B (12/01)

Attachment

978539
#P97000023268

**KHS AUTO SALES
2124 NE 123 ST #203
N.MIAMI, FL 33181**

SEP.4TH,2002

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O BOX 1500
TALLAHASSEE, FL 32302-1500

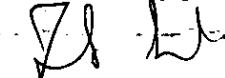
DEAR SIR,

PLEASE FIND ENCLOSED OUR ANNUAL REPORT FILING FOR YEAR 2002
ALONG WITH A CHECK FOR \$150.00.

PLEASE NOTE THAT WE HAVE NOT RECEIVED BY MAIL THE ANNUAL
REPORT FORM THAT YOU USUALLY MAIL TO US. WE HAD TO DOWNLOAD THIS
FROM YOUR WEBSITE.

IF YOU HAVE ANY QUESTIONS ,PLEASE CALL US AT (305)8991259

THANK YOU



**ZSOLT SZABO
PRESIDENT**