

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000048980

1. Entity Name
D & J KORIS INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90044 005 ***150.00

Principal Place of Business
1830-40 S. TREASURE DR.
N. BAY VILLAGE FL 33141-4129

Mailing Address
D1840 SO TREASURE DR NO 14
NORTHBAY VILLAGE FL 33141
US

00009447



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1840 So. Treasure Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#5

City & State

City & State

North Bay Village

4. FEI Number 65-0759889

Applied For

Not Applicable

Zip

Country

Zip

Country

33141

Florida

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAHN, DONALD J
317 71ST ST.
MIAMI BEACH FL 33141

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

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DP KORIS, JARRI 1830-40 S. TREASURE DR. N. BAY VILLAGE FL 33141-4129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KORIS, RAQUEL 1830-40 S. TREASURE DR. N. BAY VILLAGE FL 33141-4129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SALTZBERG, OLGA 1830-40 S. TREASURE DR. N. BAY VILLAGE FL 33141-4129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JUAREZ, MIRIAM 1830-40 S. TREASURE DR. N. BAY VILLAGE FL 33141-4129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/01

Date

(305) 864-6373

Daytime Phone #

CR2E034 (10/00)