

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90465 018 ***150.00

DOCUMENT # P97000048980

1. Entity Name
D & J KORIS INC.



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

Mailing Address
**1840 SO TREASURE DR
5
NORTHBAY VILLAGE FL 33141
US**

2. Principal Place of Business

3. Mailing Address

169 EAST FLAGLER ST.

169 EAST FLAGLER ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1118

SUITE 1118

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33131

USA

33131

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0759889**

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/12/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/03

Date

Daytime Phone #

CR2E034 (10/02)