

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90342 020 ***158.75

DOCUMENT # P97000078410

1. Entity Name
KOSOY HOLDINGS, INC.

Principal Place of Business

Mailing Address

~~200 PHIPPS PLAZA~~

~~200 PHIPPS PLAZA~~

~~PALM BEACH FL 33480~~

~~PALM BEACH FL 33480~~

2. Principal Place of Business

3. Mailing Address

One North Clematis St. One North Clematis St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 305

Suite 305

City & State

City & State

West Palm Beach, FL West Palm Beach, FL

Zip

Country

Zip

Country

33401 USA

USA

33401

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0791947**

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

KOSOY, BRIAN D

~~200 PHIPPS PLAZA~~

~~PALM BEACH FL 33480~~

Name

Street Address (P.O. Box Number is Not Acceptable)

One North Clematis St.

Suite 305

City

West Palm Beach FL

Zip Code

33401

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 reinstalling)

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, 2002 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	PDST	<input type="checkbox"/> Delete
NAME	KOSOY, BRIAN D	
STREET ADDRESS	200 PHIPPS PLZ	
CITY-ST-ZIP	PALM BCH FL 33480	
TITLE	V	<input type="checkbox"/> Delete
NAME	KOSOY, ADAM	
STREET ADDRESS	200 PHIPPS PLZ	
CITY-ST-ZIP	PALM BCH FL 33480	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	KOSOY, BRIAN	
STREET ADDRESS	200 PHIPPS PLZ	
CITY-ST-ZIP	PALM BCH FL 33480	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	One North Clematis St.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suite 305	
STREET ADDRESS	West Palm Beach, FL	
CITY-ST-ZIP	33401	
TITLE	One North Clematis St.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suite 305	
STREET ADDRESS	West Palm Beach, FL	
CITY-ST-ZIP	33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian D. Kosoy, President **4-12-02** **561-835-1810**

Date

Daytime Phone #

CR2E034 (9/01)