

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P980000000611**

1. Entity Name

Kooson, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 27 AM 11:22

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3395 N. Dixie Hwy #7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DO NOT WRITE
IN THIS SPACE**

4. FEI Number

59-3492863

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jason Koo

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

3395 N Dixie Hwy #7

City

Boca Raton

FL

Zip Code

33431

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

**CHAIRMAN
JASON KOO
1138 RUSSEL DR.
MILAN LAKE BL, FLA 33487**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**300005254409--6
-04/11/02--01058--021
****150.00 ****150.00**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PRESIDENT
MICHAEL G. VALENCIA
2789 NW 36th ST
BOCA RATON FLA 33431**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

MICHAEL G. VALENCIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/02 (31)

Date

445-5300

Daytime Phone #

CR2E034B (12/01)