

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90074 048 ***150.00

DOCUMENT # P98000043602

1. Entity Name
KAORY'S SERVICES INC.



Principal Place of Business
9375 FOUNTAINEBLEAU BOULEVARD. #L210
MIAMI FL 33172

Mailing Address
9375 FOUNTAINEBLEAU BOULEVARD. #L210
MIAMI FL 33172



2. Principal Place of Business
7891 W. FLAGLER ST.

3. Mailing Address
7891 W. FLAGLER ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

298

298

City & State

City & State

MIAMI FL

MIAMI FL

Zip
33144-2303

Country
USA

Zip
33144-2303

Country
USA

4. FEI Number 65-0838665

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOVOA, VICTOR F
6731 SW 6TH ST
MIAMI FL 33144

Name
NOVOA & ASSOCIATES, INC.
Street Address (P.O. Box Number is Not Acceptable)
C/O VICTOR NOVOA
6731 SW 6th ST.
City
MIAMI FL Zip Code
33144-3617

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: *Victor F. Novoa*

3/22/03

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

(NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	TOBAR, OSCAR	9375 FOUNTAINEBLEAU BOULEVARD, #L210	MIAMI FL 33172	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		18007 S.W. 30th CT.	MIRAMAR, FL 33029	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

CR2E034 (10/02)