

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90064 036 ***150.00

DOCUMENT # P98000065549

1. Entity Name
KPAGE CORP.

Principal Place of Business

Mailing Address

~~2124 NE 123 ST~~
~~#213~~
~~MIAMI FL 33181~~

~~2124 NE 123 ST~~
~~#213~~
~~MIAMI FL 33181~~

2. Principal Place of Business

1261 STILLWATER DR

Suite, Apt. #, etc.

3. Mailing Address

1261 STILLWATER DR

Suite, Apt. #, etc.

City & State

MIAMI Beach FL

City & State

MIAMI Beach FL

4. FEI Number **65-0852757**

Applied For

Not Applicable

Zip

Country

33141

Dade

Zip

Country

33141

Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SILVA, CLAUDIO

2124 NE 123 ST, SUITE 213

MIAMI FL 33181

Name

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

1261 STILLWATER DR

City

MIAMI Beach

FL

Zip Code

33141

7. Name and Address of New Registered Agent

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 

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/02

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	SILVA, CLAUDIO	
STREET ADDRESS	2124 NE 123 ST, #213	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	SILVA, SONIA	
STREET ADDRESS	2124 NE 123 ST, #213	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARICH, MARTHA	
STREET ADDRESS	2124 NE 123 ST, #213	
CITY-ST-ZIP	MIAMI FL 33181	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1261 STILLWATER DR	
CITY-ST-ZIP	MIAMI Beach FL 33141	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1261 STILLWATER DR	
CITY-ST-ZIP	MIAMI Beach FL 33141	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1261 STILLWATER DR	
CITY-ST-ZIP	MIAMI Beach FL 33141	
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

Date

Daytime Phone #

1/24/02

CR2E034 (9/01)