

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088915

1. Entity Name
KONSTELLATION ENTERPRISES CORP.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90081 030 ***158.75

Principal Place of Business
16545 S.W. 83RD AVENUE
MIAMI FL 33157

Mailing Address
16545 S.W. 83RD AVENUE
MIAMI FL 33157

00017771



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2121 PONCE DE LEON

Suite, Apt. #, etc.

SUITE 240

City & State

City & State
CORAL GABLES, FL.

4. FEI Number **65-0877773**

Applied For

Not Applicable

Zip

Country

Zip

Country

33134

U.S.A.

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

PRATS, GABRIEL
2121 PONCE DE LEON BLVD
SUITE 240
CORAL GABLES FL 33134

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
BOTTINI, MARCELO
16545 SW 83 AVENUE
MIAMI FL 33157

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
SAS, ROBERT
16545 SW 83 AVENUE
MIAMI FL 33157

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/01

Date

305-254-1038

Daytime Phone #

CR2E034 (10/00)