

**AMENDED
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000089480

1. Entity Name

Koester Equipment, Inc.

FILED

02 SEP 16 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

442 N.W. 35th Street

Suite, Apt. #, etc.

3. Mailing Address

442 N.W. 35th Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Boca Raton FL

Zip
33431

Country
USA

City & State
Boca Raton, FL

Zip
33431

Country
USA

4. FEI Number

650874967

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name Alex P. Rosenthal

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

2115 N. Commerce Pkwy

City Weston

FL

Zip Code

33326

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IN THIS SPACE**

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

A. Rosenthal

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

(NOTE: Registered Agent signature required when reinstating)

9/13/02

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

President/Treasurer
Frank Frione
442 N.W. 35th Street
Boca Raton, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Vice President/Secretary
Frederick Kaub
442 N.W. 35th Street
Boca Raton FL 33431

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/02

Date

561-347-0070

Daytime Phone #

CR2E034B (12/01)