

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100299

1. Entity Name

KRS REALTY CO.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90154 022 \*\*\*150.00

Principal Place of Business

Mailing Address

3250 MATILDA STREET  
UNIT B  
MIAMI FL 33133

P.O. BOX 430695  
MIAMI FL 33243-0695

2. Principal Place of Business

3. Mailing Address

7945 SW 98 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

City & State

Zip

33156

Country

USA

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

PEREDA, JOHN  
3250 MATILDA ST.  
UNIT B  
COCONUT GROVE FL 33133

Name

PEREDA, John

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

7945 SW 98 TERRACE

City

MIAMI

FL

Zip Code

33156

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

4/11/00

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, 2000 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	PSTD	<input type="checkbox"/> Delete
NAME	PEREDA, JOHN	
STREET ADDRESS	3250 MATILDA STREET, UNIT B	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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

4-11-00

Date

(305) 975-8818

Daytime Phone #

CR2E034 (9/99)