

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90411 002 ***150.00

0501812

DOCUMENT # P98000100299

1. Entity Name

KRS REALTY CO.

Principal Place of Business

7945 SW 98 TH TERRACE
 MIAMI FL 33156

Mailing Address

P.O. BOX 430695
 MIAMI FL 33243

*& STAYS
 The
 SAME*

80058099



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

80 SW 8 STREET

3. Mailing Address

Suite, Apt. #, etc.

2804-A

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33130

Country

USA

Zip

~~33130~~

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREDA, JOHN
 7945 SW 98TH TERRACE
 MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

PEREDA, John

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

280 W. PARK DRIVE APT 106

City

MIAMI

FL

Zip Code

33172

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

TITLE: PSTD
 NAME: PEREDA, JOHN
 STREET ADDRESS: 3250 MATILDA STREET, UNIT B
 CITY-ST-ZIP: MIAMI FL 33133 ☐ Delete

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PSTD
 NAME: PEREDA, John
 STREET ADDRESS: 280 W. PARK Drive APT 106
 CITY-ST-ZIP: MIAMI FL 33172 ☒ Change ☐ Addition

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

TITLE: ☐ Change ☐ Addition
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 NAME:
 STREET ADDRESS:
 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/01

Daytime Phone #

(305) 856-4500

CR2E034 (10/00)