

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90340 043 ***150.00

DOCUMENT # P98000106641

1. Entity Name

KOBRA TRADING, INC.

Principal Place of Business

**243 GOOLSBY BLVD
DEERFIELD BEACH FL 33442
US**

Mailing Address

**243 GOOLSBY BLVD
DEERFIELD BEACH FL 33442
US**

2. Principal Place of Business

4068 EASTRIDGE DR.

Suite, Apt. #, etc.

3. Mailing Address

4068 EAST RIDGE DR.

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

Zip

33064

Country

USA

City & State

POMPANO BEACH, FL

Zip

33064

Country

USA

4. FEI Number

65-0879506

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KLAPHOLZ, JOSEPH P
2500 HOLLYWOOD BLVD. STE. 212
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

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

TITLE **SPD** ☐ Delete
NAME **BERKOWITZ, SHEILA E**
STREET ADDRESS **243 GOOLSBY BLVD**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SPD** ☒ Change ☐ Addition
NAME **BERKOWITZ, SHEILA E.**
STREET ADDRESS **4068 EASTRIDGE DR.**
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHEILA E. BERKOWITZ

Date

1/12/01

Daytime Phone #

954-786-8808

CR2E034 (10/00)