

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048323

1. Entity Name

KULUSA, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90016 006 ***150.00

Principal Place of Business

Mailing Address

367 WEAVER STREET
DAYTONA BEACH FL 32114

1230 HAMPTON BOULEVARD
#312
NORTH LAUDERDALE FL 33068-5357

2. Principal Place of Business

364 WEAVER ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Daytona Bch, FL

City & State

4. FEI Number

59-3577129

Applied For

Not Applicable

Zip

Country

Zip

Country

32114 Volusia

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

LASHAWN M. Smith

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

1230 Hampton Blv #312

City

N. LAUDERDALE

FL

Zip Code

33068

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, 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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	ROBINSON, AARON E	
STREET ADDRESS	367 WEAVER STREET	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	SMITH, LASHAWN M	
STREET ADDRESS	367 WEAVER STREET	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, AARON E	
STREET ADDRESS	364 WEAVER ST	
CITY-ST-ZIP	Daytona Bch, FL 32114	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	364 WEAVER ST	
CITY-ST-ZIP	Daytona Bch, FL 32114	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/00 (954) 560-6233

CR2E034 (9/99)