

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056137

1. Entity Name

KURO HOTELS, INC.

FILED

May 05, 2000 8:00 am
Secretary of State

05-05-2000 90007 044 ***158.75

Principal Place of Business

Mailing Address

882 PARK STREET SOUTH
SOUTH PASADENA FL 33707

882 PARK STREET SOUTH
SOUTH PASADENA FL 33707-2964

726807



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

882 Park Street South

882 Park Street South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

South Pasadena Florida

City & State

South Pasadena Florida

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

33707

USA

Zip

Country

33707

USA

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

MYERS, ROBERT J
1135 PASADENA AVENUE SOUTH
SUITE 140
ST. PETERSBURG FL 33707

Name

ROBERT J MYERS

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

1135 PASADENA AVE. South # 140

City

St. Petersburg

FL

Zip Code

33707

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

As Listed in Block #6

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its filing requirements 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
NAME
STREET ADDRESS
CITY - ST - ZIP
PTSD
KUBICK, MICHAEL A
882 PARK STREET SOUTH
SOUTH PASADENA FL 33707 ☐ Delete

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

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CITY - ST - ZIP
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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:

Michael A. Kubick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00

Date

727-345-5011

Daytime Phone #

CR2E034 (9/99)