SEP-27-00 10:49 AM KOM 305 438 1928 P.02
SEP-27-2000 09:30 AM COSTA ASSOC 305 8241205 P.02

9/18/00-90033-030-$150.00 $150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -2 AM 10: 55

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081402

(7)

1. Entity Name
KOM DESIGN, INC.

Principal Place of Business
7930 WEST 20TH AVENUE
HIALEAH FL 33016

Mailing Address
7930 WEST 20TH AVENUE
HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-0933030
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COSTA, HELEN C ESQ.
7930 WEST 20TH AVENUE
HIALEAH FL 33016

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 X
(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 SEPTEMBER 15, 2000 Min. will be $700.00
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	D COSTA, HELEN 7930 WEST 20TH AVENUE HIALEAH FL 33016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/00)

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: X SIGNATURE REQUIRED Costa Helen 09-09-00 305-470-7504 AD
(Signature and typed or printed name of signing officer or director) Date Daytime Phone #