## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

Principal Place of Business

P99000074074

Mailing Address

1. Entity Name MKS CORP.



**FILED** Mar 07, 2003 8:00 am Secretary of State

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AND COUNTY I/ID COUNTY S. Certificate of Status Deared S. 75 Addrings of Name and Address of Current Registered Agent  MOSKOVITZ, DANIEL ESO.  48 EAST FLAGER STREET, PENTHOUSE 104 MIAMI PL 33131  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am fair like with, and a three obligations of registered agent.  SIGNATURE:    Signates_syneto submits are directed agent.   Chity FL Zip Code   City FL Zi	City & Stat	te		City	& State				66-1944686			
Street Address of New Registered Agent   Street Address of New Registered Agent	Zip	Country Zip				Country			5. Certificate of Status Desired S8.75 Additions			
MOSKOVITZ, DANIEL ESO. 48 EAST FLAGLER STREET, PENTHOUSE 104 MIAMI FL 33131  City FL Zip Code  6. 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. I am familiar with, and a time obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITLE  MAKE SIREET AGGRESS  GITT-ST-ZIP  MIAMI FL 33131  TILE  WAME  MAKE SIREET AGGRESS  GITT-ST-ZIP  TILE  MAKE  SIREET AGGRESS  GITT-ST-ZIP  TILE  TI		6. Name a	nd Address of Current	Registere	d Agent	Į						
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MIAMI FL 33131  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. I am familiar with, and a the obligations of registered agent and the displication.  **SIGNATURE**    Signature, lipsed or prived name of inguities and the displication.	48 EAST	FLAGLER ST	REET, PENTHOUSE	104			Street Addres	ss (P.O. E	Box Number is Not Acceptable)			
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent.    SIGNATURE								<del></del> .				
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12. Thereby 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 all page that my signature shall have the same legal effect as if made under eath; that Lam on efficience of discourse the same legal effect as if made under eath; that Lam on efficience of discourse the same legal effect as if made under eath; that Lam on efficience of discourse the same legal effect as if made under eath; that Lam on efficience of discourse the same legal effect as if made under eath; that Lam on efficience of discourse the same legal effect as if made under eath; that I am on efficience of discourse the same legal effect as if made under eath; that I am on efficience of discourse the same legal effect as if made under eath; that I am on efficience of discourse the same legal effect as if made under eath; that I am on efficience of discourse the same legal effect as if made under eath; that I am on efficience of discourse the same legal effect as if made under eath in the same legal effect as if made under eath it is a same legal effect as if made under eath it is a same legal effect as if made under eath it is a same legal effect as if made under eath it is a same legal effect as if made under eath it is a same legal effect as if made under eath it is a same legal effect as if made under eath it is a same eath it is a same effect as if made under eath it is a same eath it is a	12. I hereby c	ertify that the in	nformation supplied with t	this filing o	loes not qualify for	r the exer	nption stated in	Section 1	119,07(3)(i), Florida Statutes, I further ce	ertify that the i	nformation	

execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if ler like empowered. indicated on this report of supplemental report is rue and of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address with all off

SIGNATURE: