

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**  
 03-25-2002 90002 019 \*\*\*150.00

**DOCUMENT # P99000090259**

1. Entity Name  
**R & S KOLKO TEXTILE COMPANY**

Principal Place of Business  
**19425 39 AVE**  
**NORTH MIAMI FL 33160**

Mailing Address  
**6520 MAYBROOK ROAD**  
**BOYNTON BEACH FL 33437**

**80047182**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**NORTH MIAMI - FL**

4. FEI Number

**65-0954091**

Applied For

Not Applicable

Zip

Country

Zip

**33160**

Country

**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

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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, 2002 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  
**D KOLKO, ROSALIE**  
**6520 MAYBROOK ROAD**  
**BOYNTON BEACH FL 33437**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition  
**19425-39 Ave**  
**NORTH MIAMI - FL 33160**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D KOLKO, SIEGBERT**  
**6520 MAYBROOK ROAD**  
**BOYNTON BEACH FL 33437**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition  
**19425-39 Ave**  
**NORTH MIAMI FL 33160**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
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☐ Change ☐ Addition

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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:

**Sigbert Kolko**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/27/002 305 9317771**  
 Date Daytime Phone #

CR2E034 (9/01)