2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$40687

1. Entity Name

KOZAK, MORT

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLÉ

NAME STREET ADDRESS

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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7761 HIGHLAND CIR. MARGATE FL 33063

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

KOZAK, MORT

2690 W. SAMPLE ROAD

7761 HIGHLAND CIRCLE

POMPANO BEACH FL

KOZAK, BRIGITTE

MARGATE FL 33063

(See criteria on back)

PVS

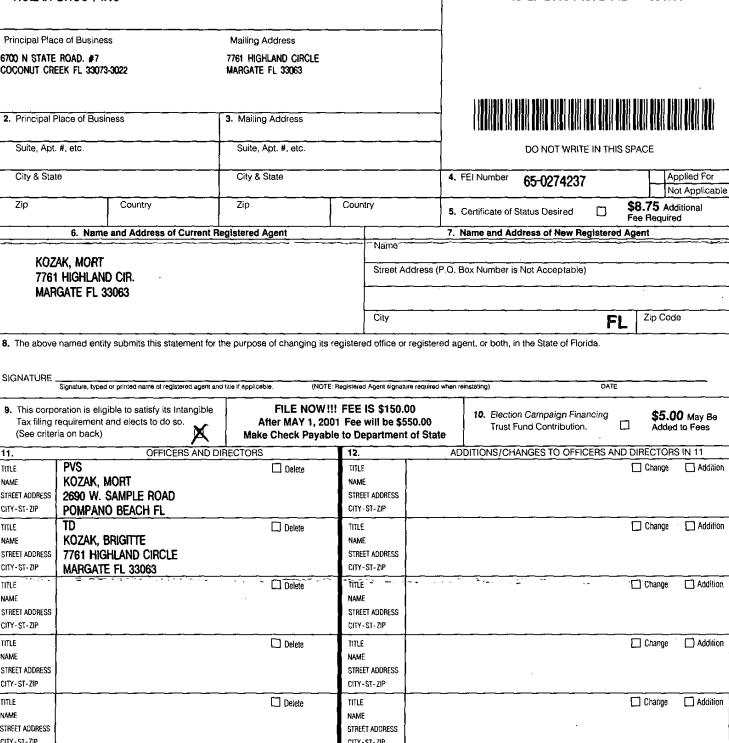
Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

KUZAK BH	US., INC.			
Principal Place of Business		Mailing Address		
6700 N STATE ROAD. #7 COCONUT CREEK FL 33073-3022		7761 HIGHLAND CIRCLE MARGATE FL 33063		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
	6. Name and Address of Cu	rrent Registered Agent		
			Name	

Mar 29, 2001 8:00 am Secretary of State

03-29-2001 90392 042 ***150.00



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 peoprys 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 expowered 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 all other like empowered.

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

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Delete

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SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Addition