

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S59946

1. Entity Name

THE KRUGUER CORPORATION

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90054 015 ***150.00

Principal Place of Business

Mailing Address

648 PALERMO AVE
CORAL GABLES FL 33134
US

648 PALERMO AVE
CORAL GABLES FL 33156-2650
US

2. Principal Place of Business

3. Mailing Address

7925 SW 104 ST.

7925 SW 104 ST

Home, Apt. #, etc.

Home, Apt. #, etc.

E-102

E-102

MIAMI, FL

MIAMI, FL

4. FEI Number 65-0271803

Applied For

Not Applicable

33156

Country USA

33156

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

KRUGUER, LAWRENCE D.
648 PALERMO AVE
CORAL GABLES FL 33134

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 _____ (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, 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
KRUGUER, LAWRENCE D
648 PALERMO AVE
CORAL GABLES FL 33134

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
KRUGUER, JAN W
648 PALERMO AVE
CORAL GABLES FL 33134

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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: Lawrence D. Kruguer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/00 305-275-5918
Date Daytime Phone #

C-2E034 (3/99)