

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90076 046 ***150.00

DOCUMENT # P00000086044

1. Entity Name
KAFKA & PARTNERS INC.

Principal Place of Business
5614 PINNACLE HEIGHTS CIR #306
TAMPA FL 33624

Mailing Address
5614 PINNACLE HEIGHTS CIR #306
TAMPA FL 33624



2. Principal Place of Business
10901 BRIGHTON BAY BL

3. Mailing Address
10901 BRIGHTON BAY BL

Suite, Apt. #, etc. **10309**

City & State
ST. PETERSBURG, FL.

DO NOT WRITE IN THIS SPACE

City & State
ST. PETERSBURG, FL.

City & State
ST. PETERSBURG, FL.

Zip **33716** Country

4. FEI Number **59-3668352**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PASEK, MICHAEL D
4851 85TH AVE
PINELLAS PARK FL 33781

7. Name and Address of New Registered Agent

Name **SIMACEK, ZUZANA**

Street Address (P.O. Box Number is Not Acceptable)
10901 BRIGHTON BAY BL. NE #10309

City **ST. PETERSBURG FL** Zip Code **33716**

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]* **ZUZANA SIMACEK** **4-27-02**

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.

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SPARAVALO, VOJISLAV	→
STREET ADDRESS	5614 PINNACLE HEIGHTS CIR #306	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPARAVALO, DEJAN	→
STREET ADDRESS	5614 PINNACLE HEIGHTS CIR #306	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMACEK, ZUZANA	→
STREET ADDRESS	5614 PINNACLE HEIGHTS CIR #306	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10901 BRIGHTON BAY BL. NE #10309	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33716	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10901 BRIGHTON BAY BL. NE #10309	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33716	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10901 BRIGHTON BAY BL. NE #10309	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33716	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **4-27-02 (813) 938-5856**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)