

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001241

1. Entity Name

KEL INVESTMENTS, LTD.

FILED

02 JAN 23 PM 12: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

721 NE 44TH STREET
C/O STEEL FABRICATORS, L.L.C.
FORT LAUDERDALE FL 33334

Mailing Address

721 NE 44TH STREET
C/O STEEL FABRICATORS, L.L.C.
FORT LAUDERDALE FL 33334

2. Principal Place of Business

3. Mailing Address

2700 N.E. 40 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

FT. LAUDERDALE, FL

4. FEI Number

65-1033988

Applied For

Not Applicable

Zip

Country

Zip

33308

Country

U.S.A.

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

LANGSENKAMP, KURT
721 NE 44TH STREET
C/O STEEL FABRICATORS, L.L.C.
FORT LAUDERDALE FL 33334

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.

DATE

9. Capital Contributions
as Shown on record.

\$980.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P00000074330
NAME KEL INVESTMENTS, INC.
STREET ADDRESS 721 NE 44TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33334

STREET ADDRESS

CITY-ST-ZIP

700004831927--4

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)