## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 12, 2000 8:00 am **DOCUMENT # G74968 Secretary of State** 1. Entity Name KER'S ENTERPRISES, INC. 01-12-2000 90021 006 \*\*\*150.00 Principal Place of Business Mailing Address 1621 NW 13TH COURT 1621 NW 13TH COURT լ,ՍՍՍՍՍԵԵ MIAMI FL 33125 MIAMI FL 33125-1607 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2358837 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, KENNETH S. Street Address (P.O. Box Number is Not Acceptable) 1621 NW 13TH COURT MIAMI FL 33125 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition □ Change **TDP** TITLE TITLE ☐ Delete NAME NAME smith. Kenneth S STREET ADDRESS STREET ADDRESS 1621 NW 13TH COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL4TH ST 00000 ☐ Addition ☐ Change ☐ Delete TITLE SMITH, KENNETH D NAME STREET ADDRESS STREET ADDRESS 1333 NW 15TH ST., #10 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL4TH ST 00000 D Delete TITLE Change Addition TITLE NAME NAME BEJAMIN, CELIA E STREET ADDRESS STREET ADDRESS 11990 SW 191 TERRACE CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL4TH ST 00000 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

Kenneth S. Smith 1/3/2000 305-324-7620 SIGNATURE: SNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OF DIRECTOR Daytime Phone # Date

like empowered.

changed, or on an attachment with an and

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