

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90338 004 ***150.00

DOCUMENT # K48539**1. Entity Name**
KINAL ENTERPRISES, INC.**Principal Place of Business****C/O ALAN KURZWEIL**
5385 PALM AVENUE, SUITE 1
HIALEAH FL 33012**Mailing Address****PO BOX 22546**
HIALEAH FL 33002-2546**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**65-0090036**

Applied For

Not Applicable

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****KURZWEIL, SUETELLE**
8641 SW 84TH TERRACE
MIAMI FL 33143

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.

(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, 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **VP** ☐ Delete
NAME **KURZWEIL, JODI L**
STREET ADDRESS **555 SE 34TH STREET, #2408**
CITY-ST-ZIP **MIAMI FL 33137****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **DV** ☐ Delete
NAME **RICH, KING**
STREET ADDRESS **900 BAY DRIVE #204**
CITY-ST-ZIP **MIAMI BEACH FL****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **DS** ☐ Delete
NAME **KURZWEIL, SUETELLE**
STREET ADDRESS **8641 SW 84 TERRACE**
CITY-ST-ZIP **MIAMI FL****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **AS** ☐ Delete
NAME **KURZWEIL, JODI LYNN**
STREET ADDRESS **555 SE 34 STREET 2408**
CITY-ST-ZIP **MIAMI FL 33137****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **T** ☐ Delete
NAME **OROVITZ, ESTA K**
STREET ADDRESS **14020 SW 104TH PLACE**
CITY-ST-ZIP **MIAMI FL 33176****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **P** ☐ Delete
NAME **KURZWEIL, ALAN**
STREET ADDRESS **8641 SW 84TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33143****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:**  **Alan Kurzweil**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-12-02

Date

305-822-9555

Daytime Phone #

CR2E034 (9/01)