

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 260209

1. Entity Name
KAYWOOD, INC.

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90076 012 ***150.00

Principal Place of Business
18041 BISCAYNE BOULEVARD
APT. #704
NORTH MIAMI BEACH FL 33160

Mailing Address
18041 BISCAYNE BOULEVARD
APT. #704
NORTH MIAMI BEACH FL 33160

00008833



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
18041 Bisc. BLVD
Suite, Apt. #, etc.
APT. 704

3. Mailing Address
18041 Bisc. BLVD
Suite, Apt. #, etc.
APT. 704

City & State
No. Miami Beach, FL

City & State
No. Miami Beach, FL

4. FEI Number 59-1026469

Applied For...
Not Applicable

Zip 33160 Country USA

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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

MILTON, BEAME CPA
12000 BISCAYNE BOULEVARD #508
MIAMI FL 33181

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, 2001 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 PD
NAME KATZIF, ALVIN
STREET ADDRESS 18041 BISCAYNE BLVD
CITY-ST-ZIP N. MIAMI BEACH FL ☐ Delete

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

TITLE STD
NAME KATZIF, CHARLOTTE
STREET ADDRESS 18041 BISCAYNE BLVD
CITY-ST-ZIP N. MIAMI BEACH FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)