

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 389213

1. Entity Name

KAYE BROS., INC.

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90090 031 \*\*\*150.00

Principal Place of Business

590 N.E. 185TH ST.  
MIAMI FL 33179

Mailing Address

590 N.E. 185TH ST.  
MIAMI FL 33179-4513

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

59-1359951

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

KRUTCHIK, ALAN  
11111 BISCAYNE BLVD  
N MIAMI FL 33161

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, 2000 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 ☒ Delete  
NAME ROBERT J BOTH  
STREET ADDRESS 1478 NW 122 AVE  
CITY-ST-ZIP PEMBROKE LAKES FL

TITLE ☐ Delete  
NAME MADALINE LAWRENCE  
STREET ADDRESS 20420 NE 10TH COURT  
CITY-ST-ZIP NO. MIAMI BEACH FL

TITLE ☐ Delete  
NAME KRUTCHIK, ALAN  
STREET ADDRESS 11111 BISCAYNE BLVD.  
CITY-ST-ZIP N. MIAMI FL

TITLE ☐ Delete  
NAME ~~ROBERT J BOTH~~  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition  
NAME V.P. Madeline Lawrence  
STREET ADDRESS 20420 N.E. 10th Ct  
CITY-ST-ZIP North Miami Beach, FL 33179

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

TITLE ☐ Change ☒ Addition  
NAME V.P. Gerald Elstein  
STREET ADDRESS 20420 NE 10th Ct  
CITY-ST-ZIP N. M.B., FL 33179

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

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 KRUTCHIK*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/00

305-653-2880