

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 425132

1. Entity Name

K DATA PRODUCTS, INC.

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90004 031 ***550.00

Principal Place of Business

1401 N.W. 84TH AVENUE
MIAMI FL 33126
US

Mailing Address

1401 N.W. 84TH AVENUE
MIAMI FL 33126-1510
US

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 **59-1459786**

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

KINGSBERG, DAVID M.
3802 N.W. 207TH ST. #704
MIAMI FL 33180

Name

EDWARD N. KINGSBERG

Street Address (P.O. Box Number is Not Acceptable)

1401 N.W. 84th AVENUE

City

MIAMI

FL

Zip Code
33126

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

Edward N. Kingsberg

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

07/13/00

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	VD	<input checked="" type="checkbox"/> Delete
NAME	KINGSBERG, DAVID M.	
STREET ADDRESS	3802 N.W. 207TH ST. #704	
CITY-ST-ZIP	AVENTURA FL	
TITLE	CED	<input checked="" type="checkbox"/> Delete
NAME	KINGSBERG, BARBARA K.	
STREET ADDRESS	3802 N.E. 207TH ST. #704	
CITY-ST-ZIP	AVENTURA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KINGSBERG, EDWARD N	
STREET ADDRESS	14305 SW 102ND CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KINGSBERG, CARY B.	
STREET ADDRESS	10113 N.W. 13TH COURT	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Edward N. Kingsberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07/13/00

07-25-2000