

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **502096**

1. Entity Name

**K & E Trading and Shipping, Inc.**



**FILED**

**03 JAN 17 PM 1:47**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**20174 Waters Edge Drive**

3. Mailing Address  
**20174 Waters Edge Drive**

Suite, Apt. #, etc.  
**Villa 905**

Suite, Apt. #, etc.  
**Villa 905**

City & State  
**Boca Raton, FL**

City & State  
**Boca Raton, FL**

4. FEI Number  
**13-863974**

Applied For  
☐ Not Applicable

Zip  
**33434**

Country  
**USA**

Zip  
**33434**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**CT Corporation System**

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

**1200 S. Pine Island Road**

City  
**Plantation**

**FL**

Zip Code  
**33324**

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. I am familiar with, and accept the obligations of registered agent.

**PETER F. SOUZA  
ASSISTANT SECRETARY**

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/16/03**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President  
Joseph Kell  
220 Madison Avenue, New York, NY 10016**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Secretary  
Melissa Evins  
417 E. 57th St., New York, NY 10022**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Joseph Kell**

**Joseph Kell, President**

**1/16/03**

Date

**561  
488-3521**

Daytime Phone #

CR2E034B (12/02)