

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 543070

1. Entity Name

KLS ENTERPRISES, INC.

FILED

Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90001 011 ***150.00

Principal Place of Business

4056 N.E. 5TH TERR.
P.O. BOX 9566
FT LAUDERDALE FL 33310

Mailing Address

4056 N.E. 5TH TERR.
P.O. BOX 9566
FT LAUDERDALE FL 33310-9566

2. Principal Place of Business

3. Mailing Address

P.O. Box 9566

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
FT. Lauderdale FL

4. FEI Number 59-1766057

Applied For
Not Applicable

Zip

Country

Zip

Country

33310

USA

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

MANASSEH, CHARLES
6863 NW 24 TH WAY
FT LAUDERDALE FL 33309

Name

Kenneth P. Walaschek

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

775 NE 40TH ST

FT LAUDERDALE FL

City

FL

Zip Code 33334

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 Kenneth P. Walaschek

Kenneth P. Walaschek

4/17/00

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 PD ☐ Delete
NAME WALASCHEK, KENNETH P.
STREET ADDRESS 775 NE 40TH ST
CITY-ST-ZIP FT. LAUDERDALE FL

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

TITLE V ☒ Delete
NAME MANASSEH, CHARLES
STREET ADDRESS 6863 NW 24 TH WAY
CITY-ST-ZIP FT LAUDERDALE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: *Kenneth P. Walaschek*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00 954-561-0704
Date Daytime Phone #

CR2E034 (9/99)