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FILED

Jan 14, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 628846 **Secretary of State** 1. Entity Name 01-14-2002 90033 042 ***150.00 MORTON KLEIN BUYING ASSOCIATES, INC. Principal Place of Business Mailing Address 1435 BREAKWATER TERRACE UUUUUAUIU 1435 BREAKWATER TERRACE HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1932818 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DONOFF, CRAIG, ESQ. Street Address (P.O. Box Number is Not Acceptable) 18301 BISCAYNE BLVD NORTH MIAMI BEACH FL 33160 City Zio 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. Commission of the second Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD Addition TITLE ☐ Delete TITLE Change KLEIN, MORTON NAME NAME STREET ADDRESS 2025 N.E. 198 TERR STREET ADDRESS N MIAMI BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE SD ☐ Delete ☐ Change NAME KLEIN, JEAN B. NAME STREET ADDRESS STREET ADDRESS 2025 N.E. 198 TERR CITY-ST-ZIP CITY-ST-ZIP n miami beach fl ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: Motor Report on President 01/06/02 954 457 7746