

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002694

1. Entity Name

RJKAYAL ENTERPRISES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB - 1 PM 1:58

Principal Place of Business

6910 N.W. 12TH STREET
MIAMI FL 33126

Mailing Address

6910 N.W. 12TH STREET
MIAMI FL 33126-1336



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

65-0883220
~~APPLIED FOR~~

Applied For
Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAYAL, RAMOND J JR.
6910 N.W. 12TH STREET
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

KAYAL, RAYMOND J.

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

6910 N.W. 12th STREET

City

MIAMI, FL 33126

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$707,850.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #

M98000001444

NAME

RJKAYAL ENTERPRISES, LLC

STREET ADDRESS

6910 N.W. 12TH STREET

CITY - ST - ZIP

MIAMI FL 33126

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership; the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/22/00 305-594-5754