

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90163 015 ***150.00

DOCUMENT # F02000000774

1. Entity Name
KANSAS CITY PROPERTIES INC.



Principal Place of Business
8211 W. BROWARD BLVD., STE 340
PLANTATION FL 33324

Mailing Address
8211 W. BROWARD BLVD., STE 340
PLANTATION FL 33324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 44-0582444

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BERKOVITS, JOE S
8211 W. BROWARD BLVD., #340
PLANTATION FL 33324

Name

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

City

FL

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCD ☐ Delete
NAME SCHWARTZ, CYNTHIA
STREET ADDRESS 1200 BISCAYNE POINT ROAD
CITY-ST-ZIP MIAMI BEACH FL

☒ Change ☐ Addition
TITLE ☐ Delete
NAME ☐ Change
STREET ADDRESS 12540 N.W. 20 Street
CITY-ST-ZIP Pembroke Pines, FL 33028

TITLE VD ☐ Delete
NAME SCHWARTZ, WARREN
STREET ADDRESS 1200 BISCAYNE POINT ROAD
CITY-ST-ZIP MIAMI BEACH FL

☒ Change ☐ Addition
TITLE ☐ Delete
NAME ☐ Change
STREET ADDRESS 12540 N.W. 20 Street
CITY-ST-ZIP Pembroke Pines, FL 33028

TITLE S ☐ Delete
NAME BERKOVITS, JOE S
STREET ADDRESS 1200 BISCAYNE POINT ROAD
CITY-ST-ZIP MIAMI BEACH FL

☒ Change ☐ Addition
TITLE ☐ Delete
NAME ☐ Change
STREET ADDRESS 8211 W. Broward Blvd. #340
CITY-ST-ZIP Plantation - FL 33324

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

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

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

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

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/03

Date

954 475 3199

Daytime Phone #

CR2E034 (10/02)