

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F84406

1. Entity Name

KELLNER FINANCIAL SERVICES, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90037 019 ***150.00

Principal Place of Business

7402 S.W. 48TH ST.
P.O. BOX 558367
MIAMI FL 33155-5367

Mailing Address

7402 S.W. 48TH ST.
P.O. BOX 558367
MIAMI FL 33134-5909

2. Principal Place of Business

220 Miracle Mile #236

Suite, Apt. #, etc.

Coconut Gables FL

City & State

33134 USA

Zip

Country

3. Mailing Address

220 Miracle Mile

Suite, Apt. #, etc.

#236

City & State

Coconut Gables FL

Zip

33134

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2195683

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLNER, STEWART C.
7402 S.W. 48TH ST.
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name KELLNER, STEWART C

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

220 Miracle Mile #236

City

Coconut Gables

FL

Zip Code

33134

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. 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

TITLE	PST	<input type="checkbox"/> Delete
NAME	KELLNER, STEWART C	
STREET ADDRESS	3830 FRANTZ RD	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Stewart C Kellner Stewart Kellner President 1-6-2000 305-648-3022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)