

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90081 040 \*\*\*150.00

**DOCUMENT # F95000004298**

**1. Entity Name**  
**KRANE PRODUCTS, INC.**

**Principal Place of Business**  
**1 WEST AVENUE #220**  
**LARCHMONT NY 10538**

**Mailing Address**  
**4800 NORTH FEDERAL HWY**  
**SUITE 300E**  
**BOCA RATON FL 33431**  
**US**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**4800 N. Federal Hwy**

**3. Mailing Address**

**Suite, Apt. #, etc.**  
**Suite 300E**

**Suite, Apt. #, etc.**

**City & State**  
**Boca Raton, FL**

**City & State**

**4. FEI Number** **13-3411965**

**Applied For**  
**Not Applicable**

**Zip** **33431** **Country** **USA**

**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**

**BLOCH, STUART E**  
**980 N. FEDERAL HWY.**  
**STE 205**  
**BOCA RATON FL 33432**

**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.**

**SIGNATURE** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

☒ 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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PTCD</b> <b>KRANZ, STEVEN A</b> <b>1 WEST AVENUE #220</b> <b>LARCHMONT NY</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VSD</b> <b>KRANZ, GARY B</b> <b>4800 NORTH FEDERAL HWY STE 300E</b> <b>BOCA RATON</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>411 West Putnam Avenue Suite 305</b> <b>Greenwich, CT 06830</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>CFO</b> <b>KANTROWITZ, DENISE</b> <b>4800 N. FEDERAL HIGHWAY STE 300E</b> <b>BOCA RATON, FL 33431</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** *Denise Kantrowitz*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**DENISE KANTROWITZ, CFO**

**3/28/02 561-362-5902**  
**Date Daytime Phone #**

CR2E034 (9/01)

Attachment

DOC#F95000004298

TAX RETURN FILING INSTRUCTION

UNIFORM BUSINESS REPORT

KRANE PRODUCTS, INC.

TAX YEAR

2002

Prepared for	KRANE PRODUCTS, INC. 4800 NORTH FEDERAL HWY STE 300E BOCA RATON FL 33431
Prepared by	AHEARN, JASCO & COMPANY, P.A. 190 S.E. 19TH AVENUE POMPANO BEACH, FL 33060-7541
To be signed and dated by	AN OFFICER
Amount of tax	BALANCE DUE \$150.00
Mail tax return to	DIVISION OF CORPORATIONS UNIFORM BUSINESS REPORT FILINGS P.O. BOX 1500 TALLAHASSEE, FL 32302-1500
Return must be mailed on or before	MAY 1, 2002
Special Instructions	ENCLOSE A CHECK OR MONEY ORDER FOR THE BALANCE DUE, PAYABLE TO DEPARTMENT OF STATE.  Chris Make copy for our files too