

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90022 029 \*\*\*150.00

**DOCUMENT # F99000003292**

1. Entity Name  
**KSH INVESTMENT GROUP, INC.**

Principal Place of Business <b>245 GREAT NECK ROAD          GREAT NECK NY 11021</b>	Mailing Address <b>245 GREAT NECK ROAD          GREAT NECK NY 11021-3308</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **13-3887551** Applied For  Not Applicable

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**

**SULTAN, JEFFREY M  
 433 PLAZA REAL, STE 275  
 BOCA RATON FL 33432**

Name **JEFFREY M SULTAN**  
 Street Address (P.O. Box Number is Not Acceptable) **225 NE MIZNER BL**  
**STA F**  
 City **BOCA RATON** FL Zip Code **33432**

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 *Francis Anderson - President* DATE 1/11/00  
Signature of and printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete <b>KOHN, HARVEY 245 GREAT NECK ROAD GREAT NECK NY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete <b>SUCOFF, CARY 245 GREAT NECK ROAD GREAT NECK NY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>HATSOPOULOS, JOHN 245 GREAT NECK ROAD GREAT NECK NY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>ANDERSON, FRANCIS 245 GREAT NECK ROAD GREAT NECK NY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Francis Anderson - President* DATE 1/11/00 516  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 466 1117  
Daytime Phone #

CR2E034 (9/99)