

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H19956

1. Entity Name

K.A.E., INC.

Principal Place of Business

5385 PALM AVENUE #1
PO BOX 2546 (PALM VLGE STATION)
HIALEAH FL 33012

Mailing Address

P O BOX 22546
HIALEAH FL 33002-2546

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 59-2451258

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KURZWEIL, SUETELLE
8641 SW 84TH TERRACE
MIAMI FL 33143

7. Name and Address of New Registered Agent

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

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, 2001 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	VP	<input type="checkbox"/> Delete
NAME	OROVITZ, ESTA K	
STREET ADDRESS	14020 SW 104 PL	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KUNZMAN, EDWIN, ESQ.	
STREET ADDRESS	15 MOUNTAIN BLVD	
CITY-ST-ZIP	WARREN NJ	
TITLE	S	<input type="checkbox"/> Delete
NAME	KURZWEIL, SUETELLE	
STREET ADDRESS	8641 SW 84 TERR	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KUNZMAN, JOYCE M.	
STREET ADDRESS	15 MOUNTAIN BLVD	
CITY-ST-ZIP	WARREN NJ	
TITLE	AS	<input type="checkbox"/> Delete
NAME	KURZWEIL, JOSI L	
STREET ADDRESS	555 NE 34TH STREET, #2408	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	KURZWEIL, ALAN	
STREET ADDRESS	8641 SW 84TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33143	

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
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
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:

Alan Kurzweil, Pres.

04-02-01

305-822-9555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90006 038 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)