


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

03-31-2003 90196 025 ***150.00

| | |
|--------------------------------|---|
| 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 |



☐ CHECK HERE IF MAKING CHANGES

| | |
|---|--|
| 4. FEI Number 59-2451258 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | |
| KURZWEIL, SUETELLE 8841 SW 84TH TERRACE MIAMI FL 33143 | |
| 7. Name and Address of New Registered Agent | |
| Name Alan Kurzweil | |
| Street Address (P.O. Box Number is Not Acceptable) 8641 SW 84th Terr. | |
| City Miami | Zip Code 33143 |

| | |
|---|----------|
| 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. | 04-09-03 |
| SIGNATURE | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|

| | | | |
|--|---|---|---|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP OROVITZ, ESTAK 14020 SW 104 PL MIAMI FL 33176 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD KUNZMAN, EDWIN, ESQ. 15 MOUNTAIN BLVD WARREN NJ <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KURZWEIL, SUETELLE 8841 SW 84 TERR MIAMI FL 33143 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD KUNZMAN, JOYCE M. 15 MOUNTAIN BLVD WARREN NJ <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS KURZWEIL, JOSI L 555 NE 34TH STREET, #2408 MIAMI FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Jodi Lynn Kurzweil 555 NE 34th St., #2408 Miami, FL 33137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KURZWEIL, ALAN 8841 SW 84TH TERRACE MIAMI FL 33143 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>SIGNATURE REQUIRED Alan Kurzweil</u> | 03-28-03 | 305-822-9555 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |

CR2E034 (10/02)