

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 03, 2002 8:00 am  
Secretary of State

02-03-2002 90028 014 \*\*\*150.00

DOCUMENT # **H54705**

1. Entity Name

**KAISER COMMUNICATIONS, INC.**

Principal Place of Business

**2431 Canadian Way**  
**700 NE 60TH STREET STE 1700 Ste 21**  
**MIAMI FL 33138 Clearwater, FL**  
**US 33763**

Mailing Address

**2431 Canadian Way, Ste 21**  
**700 NE 60TH ST STE 1700**  
**MIAMI FL 33138 Clearwater FL**  
**US 33763**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2532919**

Applied For

Not Applicable

Zip

Country

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

**KAISER, FRANK**

**700 NE 60TH ST, STE 1700** **2431 Canadian Way**  
**MIAMI FL 33138** **Ste. 21**  
**Clearwater FL 33763**

Name

**SAME (Frank Kaiser)**

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

**2431 Canadian Way**

**Suite 21**

City

**Clearwater**

**FL**

Zip Code

**33763**

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

*Frank Kaiser* **Frank Kaiser**

**1/16/02**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **KAISER, FRANK**  
STREET ADDRESS **700 NE 60 ST STE 1700** **2431 Canadian Way**  
CITY-ST-ZIP **MIAMI FL Clearwater FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **ST** ☐ Delete  
NAME **KAISER, CAROLYN**  
STREET ADDRESS **700 NE 60 ST STE 1700** **2431 Canadian Way**  
CITY-ST-ZIP **MIAMI FL Clearwater FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Frank Kaiser* **Frank Kaiser**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/16/02 727.726.0066**

CR2E034 (9/01)