

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K07955

1. Entity Name  
KAMEN, INC.

Principal Place of Business

4602 FAIRWAY DR  
TAMPA FL 33603  
US

Mailing Address

4602 FAIRWAY DR  
TAMPA FL 33603  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2861375

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS  
NAME SILVERSTEIN, KEN  
STREET ADDRESS 4602 FAIRWAY DRIVE  
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE TD  
NAME SILVERSTEIN, KEN  
STREET ADDRESS 4602 FAIRWAY DRIVE  
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE VD  
NAME SILVERSTEIN, AME  
STREET ADDRESS 4602 FAIRWAY DRIVE  
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE D  
NAME GONZALEZ, REX  
STREET ADDRESS 4602 FAIRWAY DRIVE  
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: Ken Silverstein KEN SILVERSTEIN 2/20/01 813-310-4513  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**

02-26-2001 90535 009 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)