

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K37631

1. Entity Name

KENYAN ARTS INCORPORATED

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90180 015 \*\*\*150.00

Principal Place of Business

Mailing Address

~~8000 SW 130TH ST.~~  
~~355~~  
~~MIAMI FL 33146~~  
~~US~~

**1121 NE 199 St**  
**N Miami Beach**  
**FL 33179**

P.O. BOX 16-5500  
MIAMI FL 33116-5500  
US

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

65-0078814

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

SHEIKH, MOHAMED R  
~~7700 LOS PINOS BLVD.~~  
~~CORAL GABLES FL 33143~~

**1121 NE 199 St**  
**N Miami Beach**  
**FL 33179**

Name

*Harold Royer*

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

*12064 SW 117 Terr.*

City

*Miami*

FL

Zip Code

*33186*

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

*Harold Royer*

*Harold Royer C.P.A.*

*4/5/2000*

Signature, typed or printed name of registered agent and date 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Delete
NAME	SHEIKH, MOHAMED RAMZAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<del>7700 LOS PINOS BLVD.</del>	
CITY-ST-ZIP	<del>CORAL GABLES FL</del>	
	<b>1121 NE 199 St</b>	
	<b>N Miami Beach</b>	
	<b>FL 33179</b>	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SHEIKH, HAFIZA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<del>7700 LOS PINOS BLVD.</del>	
CITY-ST-ZIP	<del>CORAL GABLES FL</del>	
	<b>1121 NE 199 St</b>	
	<b>N Miami Beach</b>	
	<b>FL 33179</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHEIKH, SHAAHID	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<del>7700 LOS PINOS BLVD.</del>	
CITY-ST-ZIP	<del>CORAL GABLES FL</del>	
	<b>1121 NE 199 St</b>	
	<b>N Miami Beach</b>	
	<b>FL 33179</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEIKH, SAIMA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<del>7700 LOS PINOS BLVD.</del>	
CITY-ST-ZIP	<del>CORAL GABLES FL</del>	
	<b>1121 NE 199 St</b>	
	<b>N Miami Beach</b>	
	<b>FL 33179</b>	
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NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Saima Sheikh*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/5/2000 (305) 595-6437*  
Date Daytime Phone #

CR2E034 (9/99)