

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K40439

1. Entity Name  
KESSLER & KESSLER, INC.

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90028 009 \*\*\*150.00

Principal Place of Business

14222 S W 101 LANE  
MIAMI FL 33186-6967  
US

Mailing Address

14222 SW 101 LANE  
MIAMI FL 33186-6967  
US

2. Principal Place of Business

14077 S.W. 142 Street  
Suite, Apt. #, etc.

3. Mailing Address

14077 SW 142 Street  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Miami, FLORIDA	City & State Miami, FLORIDA	4. FEI Number 65-0079432	Applied For <input type="checkbox"/> Not Applicable
33186 Country U.S.A.	33186 Country U.S.A.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SHANT, KHULLAR R 14222 SW 101 LANE MIAMI FL 33186	7. Name and Address of New Registered Agent Name SHANT, KHULLAR R Street Address (Post Box Number is Not Acceptable) 14077 S.W. 142 Street City Miami FL 33186
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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: J.R. Khullar DATE: 01/18/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>T</u> <u>ADVANI, VIKRAM</u> <u>CONCORDIA SPRINGS</u> <u>ST MARTIN, FWI</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD</u> <u>KHULLAR, SHANT R</u> <u>14222 SW 101 LANE</u> <u>MIAMI FL</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: J.R. Khullar DATE: 01/18/01 DAYTIME PHONE #: 305-2559991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)