

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K48539

1. Entity Name

KINAL ENTERPRISES, INC.

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90085 003 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O ALAN KURZWEIL  
5385 PALM AVENUE, SUITE 1  
HIALEAH FL 33012

C/O ALAN KURZWEIL  
5385 PALM AVENUE, SUITE 1  
HIALEAH FL 33012-2772

2. Principal Place of Business

3. Mailing Address

P O BOX 22546

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Hialeah, FL

Zip

Country

Zip

33002-2546

Country

USA

4. FEI Number

65-0090036

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

KURZWEIL, SUETELLE  
8641 SW 84TH TERRACE  
MIAMI FL 33143

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, 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	PD	<input type="checkbox"/> Delete
NAME	KURZWEIL, JODI L	
STREET ADDRESS	555 SE 34TH STREET, #2408	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RICH, KING	
STREET ADDRESS	900 BAY DRIVE #204	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KURZWELL, SUETELLE	
STREET ADDRESS	8641 SW 84 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KURZWEIL, JODI LYNN	
STREET ADDRESS	8641 SW 84 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	OROVITZ, ESTA K	
STREET ADDRESS	14020 SW 104TH PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KURZWEIL, ALAN	
STREET ADDRESS	8641 SW 84TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33143	

TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kurzweil, Jodi L.	
STREET ADDRESS	555 SE 34 St., #2408	
CITY-ST-ZIP	Miami, FL 33137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kurzweil, Jodi L.	
STREET ADDRESS	555 SE 34 St., #2408	
CITY-ST-ZIP	Miami, FL 33137	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Orovitz, Esta K.	
STREET ADDRESS	14020 SW 104 Place	
CITY-ST-ZIP	Miami, FL 33176	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kurzweil, Alan	
STREET ADDRESS	8641 SW 84 Terr.	
CITY-ST-ZIP	Miami, FL 33143	

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:

~~VOID REQUIRED~~

Alan Kurzweil, Pres.

03-27-00

305-822-9555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #