

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90196 023 ***150.00

DOCUMENT # K48539

1. Entity Name
KINAL ENTERPRISES, INC.



Principal Place of Business
**C/O ALAN KURZWEIL
5385 PALM AVENUE, SUITE 1
HIALEAH FL 33012**

Mailing Address
**PO BOX 22546
HIALEAH FL 33002-2546**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0090036**

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

**KURZWEIL, SUETELLE
8641 SW 84TH TERRACE
MIAMI FL 33143**

Name

Alan Kurzweil

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

8641 SW 84th Terrace

City

Miami

FL

Zip Code

33143

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete
NAME **KURZWEIL, JODI L**
STREET ADDRESS **555 SE 34TH STREET, #2408**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE ☒ Change ☐ Addition
NAME **555 NE 34th St., #2408**
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☐ Delete
NAME **RICH, KING**
STREET ADDRESS **900 BAY DRIVE #204**
CITY-ST-ZIP **MIAMI BEACH FL**

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

TITLE **DS** ☒ Delete
NAME **KURZWEIL, SUETELLE**
STREET ADDRESS **8641 SW 84 TERRACE**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **AS** ☐ Delete
NAME **KURZWEIL, JODI LYNN**
STREET ADDRESS **555 SE 34 STREET 2408**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Jodi Lynn Kurzweil**
STREET ADDRESS **555 NE 34th St, #2408**
CITY-ST-ZIP **Miami, FL 33137**

TITLE **T** ☐ Delete
NAME **OROVITZ, ESTA K**
STREET ADDRESS **14020 SW 104TH PLACE**
CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE **P** ☐ Delete
NAME **KURZWEIL, ALAN**
STREET ADDRESS **8641 SW 84TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33143**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CR2E034 (10/02)

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan Kurzweil 03-28-03 305-822-9555

Date Daytime Phone #