

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2001 8:00 am
Secretary of State

05-24-2001 90498 016 ***150.00

DOCUMENT # ~~601A00026390~~

1. Entity Name:

K56237
THE KAUFMAN GROUP, Inc

Principal Place of Business

Mailing Address

11111 BISCAYNE BLVD - Suite 857
No. Miami, FL 33181

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

650104777

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

JAMES CASSEL

DRAB & CASSEL
201 S BISCAYNE BLVD, Miami, FL 33131

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)

5/9/01
 DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!

After MAY 1, 2001

Make Check Payable to Department of State

FEE IS \$150.00

Fee will be \$550.00

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 **PRESIDENT** ☐ Delete
 NAME **CHERI KAUFMAN**
 STREET ADDRESS **465 PARK AVE.**
 CITY-STATE-ZIP **NEW YORK, NY 10022**

TITLE **SECTY-Treas.** ☐ Delete
 NAME **MORTON ROSENBLUTH**
 STREET ADDRESS **11111 BISCAYNE BLVD Suite 857**
 CITY-STATE-ZIP **No. Miami, 33181**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

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

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

TITLE ☐ Change ☐ Addition
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 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-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 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:

MORTON ROSENBLUTH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/01
 Date

(305) 867-0005
 Daytime Phone #

CR2E034 (1/00)

Attachment 8525

HK 52237

FILED

JAN 6 11 20 AM '89

ACCEPTANCE OF APPOINTMENT

OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT

I hereby accept the appointment as registered agent contained in the foregoing Articles of Incorporation and state that I am familiar with and accept the obligations of Section 607.325 of the Florida Statutes.


James S. Cassel