

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K81055

1. Entity Name

KENS SALES CORPORATION

Principal Place of Business

2715 COLLINS AVE.  
MIAMI BEACH FL 33140-4405

Mailing Address

2715 COLLINS AVE.  
MIAMI BEACH FL 33140-4405

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

65-0129306

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JEEB CORPORATION  
2387 COLLINS AVE  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

JEEB CORPORATION  
Street Address (P.O. Box Number is Not Acceptable)  
2387 COLLINS AVE  
MIAMI BEACH  
City FL Zip Code 33139

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

T  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete  
ESQUENAZI, ESTRELLA  
1535 CLEVELAND ROAD  
MIAMI BCH FL

P  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete  
ESQUENAZI, JAIME  
1535 CLEVELAND RD  
MIAMI BCH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change 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 all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90131 043 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

1-17-00 305 672 8599