

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**  
 05-17-2000 90847 019 \*\*\*150.00

**DOCUMENT # L05753**

1. Entity Name

**KAYAL ENTERPRISES, INC.**

Principal Place of Business

16501 SW 81 AVENUE  
 MIAMI FL 33157

Mailing Address

16501 SW 81 AVENUE  
 MIAMI FL 33157-3705

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0178775**

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

**KAYAL, BRIAN F**  
**1650 SW 81ST AVE**  
**MIAMI FL 33157**

Name **KAYAL, BRIAN F**

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

**16501 SW 81ST AVE.**

City **MIAMI, FL**

**FL**

Zip Code **33157**

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 *Brian Kayal* **Brian Kayal**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-26-00**

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 **D** ☐ Delete  
 NAME **KAYAL, BRIAN F**  
 STREET ADDRESS **1650 SW 81ST AVE**  
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **DIRECTOR** ☒ Change ☐ Addition  
 NAME **KAYAL, BRIAN F**  
 STREET ADDRESS **16501 SW 81ST AVE**  
 CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **D** ☐ Delete  
 NAME **KAYAL, SANDRA P**  
 STREET ADDRESS **16501 SW 81ST AVE**  
 CITY-ST-ZIP **MIAMI FL 33157**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-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 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: *Brian Kayal* **Brian Kayal**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-00**

Date

**305-971-1144**

Daytime Phone #

CR2E034 (9/99)