

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L44273**

1. Entity Name
KELL PROPERTIES, INC.

Principal Place of Business
**813 PALERMO AVENUE
CORAL GABLES FL 33134
US**

Mailing Address
**813 PALERMO AVENUE
CORAL GABLES FL 33134
US**

2. Principal Place of Business
**3020 NE 32 AVE
Suite, Apt. #, etc.
1125
City & State
Ft. Lauderdale, FL
Zip
33308
Country
USA**

3. Mailing Address
**3020 NE 32 Ave
Suite, Apt. #, etc.
1125
City & State
Ft. Lauderdale
Zip
33308
Country
USA**

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90033 019 ***150.00



DO NOT WRITE IN THIS SPACE

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale

4. FEI Number **65-0167174**

Applied For
Not Applicable

Zip
33308
Country
USA

Zip
33308
Country
USA

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

**SCHREIBER, GERHARDT A., ESQ.
SCHREIBER, RODON-ALVAREZ, P.A.
890 SOUTH DIXIE HIGHWAY
CORAL GABLES FL 33146**

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 _____ (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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
LILJEDAHL, MAGNUS
812 PALERMO AVE
CORAL GABLES FL 33134** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 an address with all other like empowered.

SIGNATURE: Magnus Liljedahl 4/27/01 305 9038668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)