

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 01, 2001 8:00 am  
Secretary of State**

02-01-2001 90040 012 \*\*\*150.00

**DOCUMENT # L83164**

1. Entity Name

**KAYAL VENTURES, INC.**

Principal Place of Business

Mailing Address

~~12555 BISCAYNE BLVD~~ 11111 BISCAYNE ~~12555 BISCAYNE BLVD~~ 4252 HARBOUR BEAC  
~~STE 711~~ BLVD., #1657 ~~STE 711~~  
~~NO MIAMI FL 33181~~ MIAMI, FL 33181 ~~US~~ ~~NO MIAMI FL 33181~~ BRIGANTINE, N.J. 08203



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0209473**

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

**KAYE, BRUCE**  
~~12555 BISCAYNE BLVD~~ 11111 BISCAYNE BLVD.  
~~#711~~ #1657  
~~NO MIAMI FL 33181~~ MIAMI, FL 33181

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)

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PT	KAYE, BRUCE	12555 BISCAYNE BLVD #711	NO MIAMI FL 33181				
SD	KAYE, DEBORAH	12555 BISCAYNE BLVD #711	NO MIAMI FL 33181				

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)