

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M37215

1. Entity Name
504 KENILWORTH CORP.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90009 010 ***150.00

Principal Place of Business
10205 COLLINS AVE.
UNIT 504
BAL HARBOUR FL 33154-1427

Mailing Address
10205 COLLINS AVE.
UNIT 504
BAL HARBOUR FL 33154-1427

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 59-2806051

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

-ISRAEL GOIHMAN
10205 COLLINS AVE #504
BAL HARBOUR FL 33154

Name DAVID GOIHMAN
Street Address (P.O. Box Number is Not Acceptable) 19925 NE 39 PL #202
Aventura
City Aventura FL Zip Code 33180

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 ISRAEL GOIHMAN P.B. DAVID GOIHMAN 1-6-2000
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	GOIHMAN, ISREAL	
STREET ADDRESS	10205 COLLINS AVE. #504	
CITY-ST-ZIP	BAL HARBOUR FL 33154	
TITLE	S	<input type="checkbox"/> Delete
NAME	GOIHMAN, PESEA	
STREET ADDRESS	10205 COLLINS AVE. #504	
CITY-ST-ZIP	BAL HARBOUR FL 33154	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAGER, SHIRLEY	
STREET ADDRESS	10205 COLLINS AVE. #504	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ZIGHELBOIM, RACQUEL	
STREET ADDRESS	10205 COLLINS AVE. #504	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: ISRAEL GOIHMAN NOT REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-2000 (305) 865 4229
Date Daytime Phone #

CR2E034 (9/99)