

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M37215

1. Entity Name
504 KENILWORTH CORP.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90139 020 ***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
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

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
GOIHMAN, DAVID
19925 NE 39 PL
#202
AVENTURA FL 33180

7. Name and Address of New Registered Agent
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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 to this report, with all other like empowered.

SIGNATURE: Pesea Goihman **1-13-2001** **(305) 865 9947**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)