

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90030 038 ****61.25

DOCUMENT # N95000002798

1. Entity Name
KESHER L.D., INC.

Principal Place of Business Mailing Address
18900 N.E. 25TH AVE. **18900 N.E. 25TH AVE.**
N MIAMI BEACH FL 33180 **N MIAMI BEACH FL 33180**

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 **65-0591858** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHUSID, HOWARD
18900 N.E. 25TH AVE.
N MIAMI BEACH FL 33180

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Delete
NAME	CHUSID, HOWARD
STREET ADDRESS	18900 N.E. 25TH AVE.
CITY-ST-ZIP	N MIAMI BEACH FL 33180
TITLE	D <input type="checkbox"/> Delete
NAME	RAUZIN, ALAN
STREET ADDRESS	18900 N.E. 25TH AVE.
CITY-ST-ZIP	N MIAMI BEACH FL 33180
TITLE	PD <input type="checkbox"/> Delete
NAME	WHITEBOOK, HEDY
STREET ADDRESS	18900 N.E. 25TH AVE.
CITY-ST-ZIP	N MIAMI BEACH FL 33180
TITLE	VD <input type="checkbox"/> Delete
NAME	GOLDSMITH, PATRICIA
STREET ADDRESS	18900 N.E. 25TH AVE.
CITY-ST-ZIP	N MIAMI BEACH FL 33180
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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Pres. 2-13-2001 305-792-7060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

00011300

CR2E037 (10/00)