

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90852 045 ****61.25

DOCUMENT # N95000002798



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

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

Mailing Address
**18900 N.E. 25TH AVE.
N MIAMI BEACH FL 33180**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0591858**

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

**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. I am familiar with, and accept the obligations of registered agent.

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 Florida 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
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
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]* **By Hedy K. Whitebook** **1-28-03**

CR2E037 (10/02)