

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000009274

1. Entity Name

Kasco Trading Corp.

Principal Place of Business

Mailing Address

same

7980 Hawthorne Ave.

Miami Beach, Fl. 33141

2. Principal Place of Business

same

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ 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

Ezra E. Kassin
7980 Hawthorne Avenue
Miami Beach, Fl. 33141

7. Name and Address of New Registered Agent

Name Maurice V. Kassin

Street Address (P.O. Box Number is Not Acceptable)

7980 Hawthorne Avenue

City Miami Beach

FL

Zip Code 33141

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

Maurice V. Kassin

(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 Director
NAME Ezra E. Kassin
STREET ADDRESS 7980 Hawthorne Ave.
CITY-ST-ZIP Miami Beach, Fl. 33141 ☒ Delete

TITLE Director
NAME Nissim Elnecape
STREET ADDRESS 7980 Hawthorne Ave.
CITY-ST-ZIP Miami Beach, Fl. 33141 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director
NAME Maurice V. Kassin
STREET ADDRESS 7980 Hawthorne Avenue
CITY-ST-ZIP Miami Beach, Fl. 33141 ☐ Change ☐ Addition

TITLE
NAME 600004694136--9
STREET ADDRESS -11/27/01--01003--009
CITY-ST-ZIP ****450.00 ****150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Maurice V. Kassin

FILED

01 NOV 15 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

142

CR2E034 (11/00)

292

KASCO TRADING CORP.
DOC.#P00000009274


TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A
CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY
UP-DATE THE ABOVE MENTIONED CORPORATION.

I FURHTER STATE THAT I NEVER RECEIVED FIRST NOR SECOND NOTICE OF
SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS
CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS
MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS
LETTER DON'T HESITATE TO CONTACT ME.


CORDIALLY
MAURICE V. KASSIN
DIRECTOR

OFFICE USE ONLY (Document #)**EXPRESS CORPORATE FILING SERVICE INC.**

(Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 101

(Address)

CORAL GABLES, FL 33134 305-444-4994

(City, State, Zip)

(Phone #)

OFFICE USE ONLY**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. Kasco Trading Corp. (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

☐ Walk in ☒ Pick up time _____☐ Certified Copy☐ Mail out ☐ Will wait☐ Photocopy☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input checked="" type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials