

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000037287

1. Entity Name

1104 KENILWORTH, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90036 012 ***150.00

Principal Place of Business

20801 BISCAYNE BLVD. SUITE 505
AVENTURA FL 33180

Mailing Address

20801 BISCAYNE BLVD. SUITE 505
AVENTURA FL 33180

2. Principal Place of Business

10205 Collins Avenue

3. Mailing Address

10205 Collins Avenue

Suite, Apt. #, etc.

#1104

Suite, Apt. #, etc.

#1104

City & State

Bal Harbour, FL

City & State

Bal Harbour, FL

Zip

33154

Country

Miami-Dade

Zip

33154

Country

Miami-Dade

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERLOW, JEFFREY M
C/O FROMBERG PERLOW & KORNIK, P.A.
20801 BISCAYNE BLVD., SUITE 505
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 ☐ Delete
P
MAYOFF, DOUGLAS
STREET ADDRESS 20801 BISCAYNE BLVD. SUITE 505
CITY-ST-ZIP AVENTURA FL 33180

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition
P
Mayoff, Douglas
STREET ADDRESS 10205 Collins Avenue, #1104
CITY-ST-ZIP Bal Harbour, Florida 33154

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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 I have been 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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS MAYOFF

MAR 19/01

305-861-2746

Date

Daytime Phone #

CR2E034 (10/00)