

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000047332

1. Entity Name  
M.J. KASHA ENTERPRISES INC.

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90109 044 \*\*\*150.00

Principal Place of Business  
9900 WES SAMPLE ROAD  
SUITE 400  
CORAL SPRINGS FL 33065

Mailing Address  
9900 WES SAMPLE ROAD  
SUITE 400  
CORAL SPRINGS FL 33065



DO NOT WRITE IN THIS SPACE

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  
**APPLIED FOR**

Applied For  
Not Applicable

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

KONIGSBERG, N. SANDY E SQ.  
9900 WES SAMPLE ROAD  
SUITE 400  
CORAL SPRINGS FL 33065

Name  
**N. SANDY KONIGSBERG ESQ.**

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

**3300 UNIVERSITY DRIVE SUITE 311**

City **CORAL SPRINGS**

FL

Zip Code  
**33065**

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]*  
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/10/01**  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**STEVENS, JERRY** ☒ Delete  
**6811 CAMILLE STREET**  
**BOYNTON BEACH FL 33437**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**STEVENS, MARCIA** ☐ Delete  
**6822 CAMILLE STREET**  
**BOYNTON BEACH FL 33437**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**STEVENS, MARCIA** ☒ Change ☐ Addition  
**7146 HUNTINGTON LANE APT 202**  
**DELRAY BEACH, FL 33446**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**JANET SMITH** ☐ Change ☒ Addition  
**1302 ASBURY WAY**  
**BOYNTON BEACH, FL 33426**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/01**  
Date

**561-495-6976**  
Daytime Phone #

CR2E034 (10/00)