

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90123 028 \*\*\*158.75

NAME S AV

**DOCUMENT # P00000056839**

**1. Entity Name**  
**KENCO CUSTOM BUILDERS, INC.**

**Principal Place of Business**  
**1000 CLINT MOORE ROAD #110**  
**BOCA RATON FL 33487**

**Mailing Address**  
**1000 CLINT MOORE ROAD #110**  
**BOCA RATON FL 33487**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **APPLIED FOR**

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**

**FINKELSTEIN, RICHARD**  
**1000 CLINT MOORE ROAD**  
**SUITE 110**  
**BOCA RATON FL 33487**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **DPS** ☐ Delete  
**NAME** **FINKELSTEIN, RICHARD**  
**STREET ADDRESS** **1000 CLINT MOORE RD STE 110**  
**CITY-ST-ZIP** **BOCA RATON FL 33487**

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

**TITLE** **DVPT** ☐ Delete  
**NAME** **ENDELSON, KENNETH M**  
**STREET ADDRESS** **1000 CLINT MOORE RD STE 110**  
**CITY-ST-ZIP** **BOCA RATON FL 33487**

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

**TITLE** **D** ☐ Delete  
**NAME** **GRAY, JUDY M**  
**STREET ADDRESS** **1000 CLINT MOORE RD STE 110**  
**CITY-ST-ZIP** **BOCA RATON FL 33487**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**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 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:** *Judy Matthews Gray* **JUDY MATTHEWS-GRAY**

*4/11/02*

*561-997-5760*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

ATTACH # P00000056839/6036123

Form **SS-4**(Rev. April 2000)  
Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN 65-1022552

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) <u>KENCO CUSTOM BUILDERS, INC</u>	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) <u>1000 CLINT MOORE ROAD, STE 110</u>	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code <u>BOCA RATON, FL 33487</u>	5b City, state, and ZIP code
	6 County and state where principal business is located <u>PALM BEACH COUNTY, FLORIDA</u>	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► <u>112-36-4534</u> <u>RICHARD FINKELSTEIN</u>	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- |   |   |
|---|---|
| <input type="checkbox"/> Sole proprietor (SSN)                          | <input type="checkbox"/> Estate (SSN of decedent)                               |
| <input type="checkbox"/> Partnership                                    | <input type="checkbox"/> Personal service corp.                                 |
| <input type="checkbox"/> REMIC  | <input type="checkbox"/> Plan administrator (SSN)                               |
| <input type="checkbox"/> State/local government                         | <input checked="" type="checkbox"/> Other corporation (specify) ► <u>S CORP</u> |
| <input type="checkbox"/> Church or church-controlled organization       | <input type="checkbox"/> Trust  |
| <input type="checkbox"/> Other nonprofit organization (specify) ► _____ | <input type="checkbox"/> Federal government/military                            |
| <input type="checkbox"/> Other (specify) ► _____                        | (enter GEN if applicable)   |

8b If a corporation, name the state or foreign country (if applicable) where incorporated State FLORIDA Foreign country \_\_\_\_\_

- 9 Reason for applying (Check only one box.) (see instructions)
- ☒ Started new business (specify type) ► \_\_\_\_\_
- ☐ Banking purpose (specify purpose) ► \_\_\_\_\_
- ☐ Changed type of organization (specify new type) ► \_\_\_\_\_
- ☐ Purchased going business
- ☐ Created a trust (specify type) ► \_\_\_\_\_
- ☐ Other (specify) ► \_\_\_\_\_
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Created a pension plan (specify type) ► \_\_\_\_\_

10 Date business started or acquired (month, day, year) (see instructions) 6/13/2000 11 Closing month of accounting year (see instructions) DECEMBER12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) N/A13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) Nonagricultural 0 Agricultural 0 Household 014 Principal activity (see instructions) CONSTRUCTION15 Is the principal business activity manufacturing? ☐ Yes ☒ No  
If "Yes," principal product and raw material used ► \_\_\_\_\_16 To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) ☒ N/A  
☐ Public (retail) ☐ Other (specify) ► \_\_\_\_\_17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No  
Note: If "Yes," please complete lines 17b and 17c.17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.  
Legal name ► \_\_\_\_\_ Trade name ► \_\_\_\_\_17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.  
Approximate date when filed (mo., day, year) \_\_\_\_\_ City and state where filed \_\_\_\_\_ Previous EIN \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ► RICHARD FINKELSTEIN, PresidentSignature ► [Signature]Date ► 7/11/00

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class.	Size	Reason for applying
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Business telephone number (include area code)

(561) 997-5760

Fax telephone number (include area code)

(561) 997-2951