

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000069047

1. Entity Name

K.F.M. & SONS, INC.

LA

Principal Place of Business

9316-B BOCA GARDEN PKWY  
BOCA RATON FL 33496

Mailing Address

9316-B BOCA GARDEN PKWY  
BOCA RATON FL 33496

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

OSBORNE, R BRADY JR  
798 FEDERAL HWY STE 100  
BOCA RATON FL 33432

4. FEI Number

65-1029293

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

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. ~~PRESIDENT~~ OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete  
FOEDY-MURIEL  
STREET ADDRESS 4316-B BOCA GARDENS PKWY  
CITY-ST-ZIP BOCA-RATON FL. 33496

TITLE NAME ☐ Delete  
KARIM MURIEL  
JICE PRESIDENT  
STREET ADDRESS 9316-B BOCA GARDENS PKWY  
CITY-ST-ZIP BOCA-RATON FL 33496

TITLE NAME ☐ Delete  
KARIM MURIEL  
STREET ADDRESS SECRETARY  
CITY-ST-ZIP SAME - SAME

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  
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

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KARIM MURIEL

SECRETARY

(954)  
587-1993

4/14/01

Daytime Phone

CR2E034 (10/00)

Attachment  
7580

#P000006904;

6/6/01

TO WHOM IT MAY CONCERN

TO LET YOU KNOW WE WERE  
OUT OF THE COUNTRY FOR  
OVER 4 WEEKS.

WE JUST CAME BACK AND  
WE DID OUR FILING WITH  
PLENTY OF TIME, BUT FOR  
BEING THE FIRST TIME WE  
FILE THIS TYPE OF FORM MY  
ACCT. DID NOT EXPLAIN HOW  
TO FILL THE FORM. BUT  
HE SAID SIGN AND SEND IT  
WITH THE CHECK.

HOPING THE PAPER IS RIGHT  
THIS TIME.

THANK YOU

*Garind Muriel*  
SECRETARY