

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90047 004 ***150.00

DOCUMENT # P00000093204

1. Entity Name

KAMAR CONSULTING, INC.

Principal Place of Business

**812 SE 16TH CT.
DEERFIELD BCH FL 33441**

Mailing Address

**812 SE 16TH CT.
DEERFIELD BCH FL 33441**

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

65-1053708

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

KAMAR, BRIAN J

**301 CLEMATIS ST., SUITE 204
W. PALM BCH FL 33401**

*New
Address* →

Name

KAMAR, BRIAN J

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

812 SE 16th CT

City **Deerfield Beach FL**

Zip Code

33441

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

Brian Kamar, Brian J Kamar, President *Brian Kamar* **4-25-01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KAMAR, BRIAN J**
CITY-ST-ZIP **301 CLEMATIS ST., SUITE 204
W. PALM BCH FL 33401**

TITLE ☒ Change ☐ Addition
NAME **812 SE 16th CT.**
STREET ADDRESS **Deerfield Beach, FL 33441**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: *Brian Kamar* Brian J Kamar **4-25-01** **954 360-0350**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)