

2001 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
Mar 13, 2001 8:00 am
Secretary of State

02-21-2001 90059 044 ***150.00

DOCUMENT # P00000102148

1. Entity Name

K R M ENTERPRISES, INC.

Principal Place of Business

9517 CYPRESS PARK WAY
BOYNTON BEACH FL 33437

Mailing Address

9517 CYPRESS PARK WAY
BOYNTON BEACH FL 33437

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

65-1057738

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ALI, KASSEM
9517 CYPRESS PARK WAY
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent

Name **Rami Alhenaldi**

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

9517 CYPRESS PARK WAY

City **Boynton Beach**

FL

Zip Code **33437**

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)

2/16/01

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

TITLE NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	ALI, KASSEM
CITY-ST-ZIP	1515 MEADOWS CIR W BOYNTON BEACH FL 33462
TITLE NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	ALLAHAM, MOHOMMED Y
CITY-ST-ZIP	9517 CYPRESS PARK WAY BOYNTON BEACH FL 33437
TITLE NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	AL-HENALDI, RAMI
CITY-ST-ZIP	9517 CYPRESS PARK WAY BOYNTON BEACH FL 33437
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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

2/16/01 (561)649-8245

Date

Daytime Phone #

CR2E034 (10/00)