

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State
 01-30-2002 90079 010 ***150.00

DOCUMENT # P01000082085

1. Entity Name
MAHINA KAI, INC.

Principal Place of Business

**1661 SW 7 AVE
 BOCA RATON FL 33486**

Mailing Address

**1661 SW 7 AVE
 BOCA RATON FL 33486**

00013491



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2800 NE 30th ST
 Suite, Apt. #, etc.**

3. Mailing Address

**2020 McNab Rd
 Suite, Apt. #, etc.
 Suite 118**

City & State

Ft Lauderdale FL

City & State

Ft Lauderdale FL

4. FEI Number

65-1138538

Applied For

Not Applicable

Zip

33309

Country

Broward

Zip

33306

Country

Broward

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SCHWENCKE, KERRY R
 1209 N OLIVE AVE
 WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name **Sandra S Sexton**
 Street Address (P.O. Box Number is Not Acceptable)
1661 SW 7th Ave
 City **Boca Raton** FL Zip Code **33486**

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

Sandra S Sexton

(NOTE: Registered Agent signature required when reinstating)

1/10/02
 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
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	Mr	<input type="checkbox"/> Delete
NAME	Lawrence Kraus	
STREET ADDRESS	2020 McNab Rd Suite #118	
CITY-ST-ZIP	Ft Lauderdale FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)