

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000010971

1. Entity Name

KOSHER BRANDS, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90098 044 ***150.00

Principal Place of Business

18373 N.E. 4TH CT.
N. MIAMI BEACH FL 33179

Mailing Address

18373 N.E. 4TH CT.
N. MIAMI BEACH FL 33179-4531

2. Principal Place of Business

19593 NE 10 AV.

3. Mailing Address

19593 NE 10 AV.

Suite, Apt. #, etc.

BAY-H.

Suite, Apt. #, etc.

BAY-H.

City & State

MIAMI FL.

City & State

MIAMI FL.

Zip

33179.

Country

USA

Zip

33179.

Country

USA

4. FEI Number

65-0468187

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

CARMELY, VICTOR

18373 N.E. 4TH CT.

N. MIAMI BEACH FL 33179

Name

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

19593 NE 10 AV.

City

MIAMI

BAY-H.

Zip Code

FL 33179

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, 2000 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 P
STREET ADDRESS CARMELY, VICTOR
CITY-ST-ZIP 18373 N.E. 4TH CT.
N. MIAMI BEACH FL 33179

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 19593 NE 10 AV.
CITY-ST-ZIP MIAMI, FL 33179

TITLE ☐ Delete
NAME
STREET ADDRESS 19593 NE 10 AV.
CITY-ST-ZIP MIAMI, FL 33179

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)