

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000012144

1. Entity Name

KEFLR, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90015 035 ***150.00

Principal Place of Business

403 S. TAMIMI TRAIL
RUSKIN FL 33570
US

Mailing Address

403 S. TAMIMI TRAIL
RUSKIN FL 33570-4662
US

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 **59-3220917**

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

KALOUCH, ROBERT
229 W COLLEGE AVENUE
RUSKIN FL 33570

Name **FARID KALOUCH**

Street Address (P.O. Box Number is Not Acceptable)
229 W COLLEGE AVENUE

City **RUSKIN, FL** Zip Code **33570**

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

FARID KALOUCH (PRESIDENT) **2/4/2000**

(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 | NAME | STREET ADDRESS | CITY-ST-ZIP | | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | |
|-------|------|--------------------|----------------------|-----------------|--|------|----------------|-------------|---|
| | PD | KALOUCH, FARID | 229 W COLLEGE AVENUE | RUSKIN FL 33570 | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | D | KALOUCH, LINA | 229 W COLLEGE AVENUE | RUSKIN FL 33570 | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | V | KALOUCH, ROBERT | 229 W COLLEGE AVENUE | RUSKIN FL 33570 | <input checked="" type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | D | KALOUCH, ELIZABETH | 229 W COLLEGE AVENUE | RUSKIN FL 33570 | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

FARID KALOUCH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-00

Date

813-641-1584

Daytime Phone #