

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000057802

1. Entity Name

J. KERN INTERIOR REMODELING, INC.

FILED

Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90041 024 ***150.00

Principal Place of Business

21232 HARBOR WAY
NORTH MIAMI BEACH FL 33180

Mailing Address

21232 HARBOR WAY
NORTH MIAMI BEACH FL 33180

2. Principal Place of Business

21232 Harbor Way

3. Mailing Address

21232 Harbor Way

Suite, Apt. #, etc.

Unit 261

Suite, Apt. #, etc.

Unit #261

City & State

Aventura, FL

City & State

Aventura, FL

Zip

33180

Country

Dade

Zip

33180

Country

Dade

4. FEI Number

65-0550558

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

LEVINSON, EDWARD E.
407 LINCOLN ROAD
PH-SE
MIAMI BEACH FL 33139

Name

SAME

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

City

FL

Zip Code

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, 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 DP ☐ Delete
NAME KERN, JEROME
STREET ADDRESS 21232 HARBOR WAY
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

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

TITLE DS ☐ Delete
NAME KERN, BARBARA S
STREET ADDRESS 21232 HARBOR WAY
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Jerome Kern
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/01
Date

305-785-6666
Daytime Phone #

CR2E034 (10/00)