## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P95000020155

1. Entity Name

KUGEL QUALITY FIREPLACES, INC.

NOGEL GOVERN MILE ENGE	
Principal Place of Business	Mailing Address
7601 WEST CARACAS ST. TAMPA FL 33615	7601 WEST CARACAS ST. TAMPA FL 33615-4703
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suitė, Apt. #, etc.

## **FILED** Mar 20, 2000 8:00 am Secretary of State

03-20-2000 90117 047 \*\*\*150.00

Principal Place of Business			Mailing Address										
7601 WEST CAR TAMPA FL 3361			7601 WEST CARACAS ST. TAMPA FL 33615-4703										aa!
2. Principal Place of Business		3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.					DO NOT W	RITE IN TH	IS SPA	CE			
City & State			City & State			4.	FEI Number	59-33080	)50	<del></del> -	-	plied For t Applicable	
Zip		Country	Zip		Countr	У	5.	Certificate of	Status Desire	d 🗌	- \$8.75 Additional		
	6. Name a	nd Address of Current F	l - l Registered	i Agent			7.	Name and A	ddress of Ne	v Registere	d Age	nt	
				<del></del>		Name			_				
KULEL, HORST M 7601 WEST CARACAS ST. TAMPA FL 33615					Street Address (P.O. Box Number is Not Acceptable)								
IMMINIE 30013			-		City				F	L [	Zip Code	<del></del>	
		ubmits this statement for	* * * * * * * * * * * * * * * * * * * *	an of changing its	ragistara	d office or regis	tared ac	ent or both	in the State of		_		
8. The above	named entity s	submits this statement for	the purpo	se or changing its	registere	a office of regis	lereu ay	ent, or poin,	ir the State of	i lonoa.			1
SIGNATURE _									<del></del>	DAT	-		
	Signature, typed or	printed name of registered agent ar	nd title if applic	cable. (NOTI	E Registered	Agent signature requ	ired when re	einstating)		DATI	<u> </u>		
<ol> <li>This corporation is eligible to satisfy its Intangible         Tax filing requirement and elects to do so.         (See criteria on back)     </li> </ol>			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta										
11.		OFFICERS AND (	DIRECTOR	ns .	12.		AC	DITIONS/CH	HANGES TO	OFFICERS A	ND D	RECTORS	3 IN 11
TITLE  NAME  STREET ADDRESS ( CITY-ST-ZIP	DP KUGEL, HO 7601 WEST TAMPA FL	CARACAS ST.		☐ Delete		T ADDRESS ST-ZIP						] Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			:	☐ Delete		T ADDRESS ST-ZIP						] Change	☐ Addition
indicated	on this report	nformation supplied with or supplemental report is receiver or trustee empor	true and a	accurate and that r	mv sidnati	ire shall have if	ie same	Jedal ettect a	is it made und	er oam: ma	ırı amı	an omcer	or airector i