

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000054399

1. Entity Name

KICKING BAER ENTERPRISES, INC.

**FILED**  
May 01, 2000 8:00 am  
Secretary of State

05-01-2000 90441 041 \*\*\*150.00

Principal Place of Business

Mailing Address

5004 SW 72 AVE  
MIAMI FL 33155

5004 SW 72 AVE  
MIAMI FL 33155-5528

2. Principal Place of Business

4118 Manchester Lake Drive

3. Mailing Address

Suite, Apt. #, etc. Same



DO NOT WRITE IN THIS SPACE

City & State

Lake Worth, Fla

City & State

4. FEI Number

65-0609222

Applied For

Not Applicable

Zip

33467

Country

Polm Beach

Zip

Country

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

BAER, LEONARD F  
5004 SW 72 AVE  
MIAMI FL 33155

4118 Manchester Lake  
Drive  
Lake Worth, Fla.  
33467

Name

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.

Leonard F. Baer

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/00

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 PSTD  
NAME BAER, LEONARD F  
STREET ADDRESS 5004 SW 72 AVE  
CITY-ST-ZIP MIAMI FL 33155

4118 Manchester  
Lake Drive  
Lake Worth, Fla.  
33467

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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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:

Leonard R. Baer

4/23/00

Date

561-966-4635

Daytime Phone #

CR2E034 (9/99)