

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90014 018 \*\*\*150.00

**DOCUMENT # P95000060357**

1. Entity Name

**KAIL REAL ESTATE, INC.**

Principal Place of Business

Mailing Address

1100 NE 1ST AVE

PO BOX 223895

HOLLYWOOD FL 33022-3895

FL 33137

**639383**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**1720 Harrison Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 1700**

City & State

City & State

**Hollywood, FL**

Zip

Zip

Country

Country

**33020**

**USA**

4. FEI Number **65-0602795**

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

**KAIL, ERIC M**  
**1720 HARRISON ST 15-D**  
**HOLLYWOOD FL 33020**

Name

**Eric KAIL**

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

**1720 Harrison Street # 1725**

City **Hollywood**

**FL**

Zip Code **33020**

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

*[Signature]*

**4/12/00**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KAIL, ERIC M</b>	
STREET ADDRESS	<b>1720 HARRISON STREET 15-D</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>Eric KAIL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1720 Harrison St # 1725</b>	
STREET ADDRESS	<b>Hollywood, FL 33020</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/12/00** **954 923-4814**  
 Date Daytime Phone #