**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Jan 17, 2001 8:00 am Secretary of State DOCUMENT # P9500070535 KENEIL CORPORATION 01-17-2001 90097 002 \*\*\*150.00 Principal Place of Business Mailing Address CITY DISCOUNT BEVERAGE **ACITY DISCOUNT BEVERAGE** 9260 W. INDIANTOWN ROAD, BAY #4 9260 W. INDIANTOWN ROAD, BAY #4 JUPITER FL 33478 JUPITER FL 33478 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0604519 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAJESH SHAH, RAJESH O. Box Number is Not Acceptable 6630 JUPITER GARDENS BLVD #E TIMBERWALK TRAI JUPITER FL 33458 Zip Code 33458 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 RAJESH SHAH) Same Personasgan FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition CR2E034 (10/00) ☐ Delete SHAH, RAJESH NAME SHAH, RAJESH NAME acod xess STREET ADDRESS 308, TIMBERWALK TRAIL JUPITER FL 33458 6630 JUPIER GARDENS BLVD #E STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Jupiter FL 33458 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE~ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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