

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90106 022 ***150.00

DOCUMENT # P95000091533

1. Entity Name

K & L ENTERPRISES, INC.

Principal Place of Business

Mailing Address

9625 RIVERSIDE DRIVE
 #D-5
 CORAL SPRINGS FL 33071
 US

9625 RIVERSIDE DRIVE
 #D-5
 CORAL SPRINGS FL 33071-6887
 US

2. Principal Place of Business

3. Mailing Address

8544 NW 46th DR.

8544 NW 46th DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CORAL SPRINGS, FL

CORAL SPRINGS, FL

City & State

City & State

Zip
 33067

Country
 Broward

Zip
 33067

Country
 Broward

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAMENAR, WALTER
9625 RIVERSIDE DRIVE, #D5
CORAL SPRINGS FL 33071

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.

(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, 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 Delete
D
 NAME **KAMENAR, WALTER**
 STREET ADDRESS **9625 RIVERSIDE DRIVE, #D5**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE