

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90124 030 ***150.00

DOCUMENT # P96000031670

1. Entity Name
BK KENILWORTH, INC.

Principal Place of Business
10205 COLLINS AVE. UNIT 1001
BAL HARBOUR FL 33154

Mailing Address
10205 COLLINS AVE. UNIT 1001
BAL HARBOUR FL 33154

2. Principal Place of Business
8777 Collins Ave
 Suite, Apt. #, etc.
UNIT 705

3. Mailing Address
8777 COLLINS AVE
 Suite, Apt. #, etc.
SUIT 705

City & State
SURFSIDE FLA.

City & State
SURFSIDE FLA.

Zip
33154

Country
U.S.A.

Zip
33154

Country
U.S.A.

4. FEI Number **65-0661121**

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

GANGUZZA, JOSEPH H
HYMAN & KAPLAN, P.A.
150 W. FLAGLER ST. SUITE 2701
MIAMI FL 33130

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, 2001 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
KERTZER, BERNICE
10205 COLLINS AVE, UNIT 1001
BAL HARBOUR FL 33154

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

BERNICE KERTZER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 12/2001 305-861-9632

Date

Daytime Phone #

CR2E034 (10/00)

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