

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91849 023 \*\*\*150.00

**DOCUMENT # P96000054909**

1. Entity Name  
**CHAYIM KESSLER, C.P.A., P.A.**



Principal Place of Business  
**1440 79TH ST CSWY  
STE #302  
MIAMI BEACH FL 33141  
US**

Mailing Address  
**1440 79TH ST CSWY  
STE #302  
MIAMI BEACH FL 33141  
US**



2. Principal Place of Business  
**975 41st St.  
Suite, Apt. #, etc.  
406**

3. Mailing Address  
**975 41st St.  
Suite, Apt. #, etc.  
406**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Miami Beach, FL**  
Zip  
**33140**  
Country  
**US**

City & State  
**Miami Beach, FL**  
Zip  
**33140**  
Country  
**US**

4. FEI Number **65-0677343**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**KESSLER, CHAYIM  
1440 79TH ST CSWY  
#302  
MIAMI BEACH FL 33141**

## 7. Name and Address of New Registered Agent

Name **Chayim Kessler (SAME)**  
Street Address (P.O. Box Number is Not Acceptable)  
**975 41st St. #406**  
City **Miami Beach, FL 33140 FL** Zip Code **33140**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/30/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KESSLER, CHAYIM 630 NE 175 ST N MIAMI BCH FL 33162</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KESSLER, MICHELLE 630 NE 175 ST N MIAMI BCH FL 33162</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

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

Date

Daytime Phone #

**4/30/03 305-867-3610**

CR2E034 (10/02)