

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000059142

1. Entity Name

KIS PRODUCTS, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90365 035 ***150.00

0125786

Principal Place of Business

Mailing Address

1917 NW 80 AVE
MARGATE FL 33063

1917 NW 80 AVE
MARGATE FL 33063

00054766

2. Principal Place of Business

3. Mailing Address

2318 Sea Island Drive

2318 Sea Island Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

65-0723727

Applied For

Not Applicable

Zip

33301

Country

Zip

33301

Country

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

MANIER, RAJU
6635 W. COMMERCIAL BLVD.
TAMARAC FL 33319

Name

Jacqueline Powell

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

2318 Sea Island Drive

City

Fort Lauderdale,

FL

Zip Code

33301

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

Jacqueline A. Powell
Signature, typed or printed name of registered agent and title if applicable.

Jacqueline Powell

4/30/01

(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 **D** ☒ Delete
NAME **GROMAN, BARRY**
STREET ADDRESS **1917 N.W. 80TH AVE.**
CITY-ST-ZIP **MARGATE FL 33063**

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

TITLE **D** ☐ Delete
NAME **HERTZ, REUBEN**
STREET ADDRESS **2318 SEA ISLAND DR.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 the address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Reuben Hertz

4/30/01

Date

954-764-4074

Daytime Phone #

CR2E034 (10/00)