

02-03
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY 12 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000077289

1. Entity Name

K- FEAR, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 FRONT STREET

Suite, Apt. #, etc.

2

3. Mailing Address

Suite, Apt. #, etc.

300019840923

05/23/03--01043--010 **150.00

City & State

KEY WEST, FL

City & State

4. FEI Number

65-0701704

Applied For

Not Applicable

Zip

33040

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ILAN ABEN HAIM

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

300 FRONT ST. # 2

City

KEY WEST

FL

Zip Code

33040

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
President
ILAN ABEN HAIM
300 FRONT ST. # 2
KEY WEST, FL 33040

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
300019840923
05/23/03--01043--011 **300.00

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IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

(305) 797-0388
Daytime Phone #

CR2E034B (12/01)

Re-print Taxpayer Name(s):

Taxpayer ID #

PAGE 2

- Taxpayer(s) must complete Page 1 of this Power of Attorney, or it will be returned.

6. NOTICES AND COMMUNICATIONS

- Notices and other written communications will be sent to the first representative listed in Part I, section 2, unless taxpayer selects one of the options below.

- a. If you want any notices and communications sent to both you and your representative, check this box ☒
- b. If you do not want any notices or communications sent to your representative, check this box ☐
- c. If you want the second representative listed to receive such notices and communications, check this box ☐
- d. If you want the third representative listed to receive such notices and communications, check this box ☐

7. RETENTION / REVOCATION OF PRIOR POWER(S) OF ATTORNEY

The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Florida Department of Revenue for the **same** tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check this box ☒

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

8. SIGNATURE OF TAXPAYER(S)

If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested. If signed by a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, administrator, trustee, or fiduciary on behalf of the taxpayer, I declare under penalties of perjury that I have the authority to execute this form on behalf of the taxpayer. **Under penalties of perjury, I (we) declare that I (we) have read the foregoing document, and the facts stated in it are true.**

If this Power of Attorney is not signed and dated, it will be returned.


SIGNATURE

1-20-03
DATE

President
TITLE (If Applicable)

PRINT NAME

SIGNATURE

DATE

TITLE (If Applicable)

PRINT NAME

PART II - DECLARATION OF REPRESENTATIVE

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified therein, and to receive confidential taxpayer information;
- I am one of the following:
 - a. Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b. Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c. Enrolled Agent / Actuary - enrolled as an agent or actuary under the requirements of Treasury Department Circular No. 230. (Attach evidence of enrolled status.)
 - d. Law student who is certified pursuant to Chapter 11 of the Rules Regulating the Florida Bar.
 - e. Former Department of Revenue employee. As a tax representative, I cannot accept representation in a matter upon the merits of which I had direct involvement while I was a public employee.
 - f. Other Qualified representative. (Note: Representatives qualifying under this subsection must comply with Rules 12-6.005 and 28-106.106, Florida Administrative Code.);
- I have read the foregoing Declaration of Representative and the facts stated in it are true.

If this Declaration of Representative is not signed and dated, it will be returned.

DESIGNATION - INSERT ABOVE LETTER (a - f)	JURISDICTION (State) or ENROLLMENT CARD NO.	SIGNATURE	DATE
f.	FL	Denise H. Harper	

HARPER BUSINESS SERVICES, INC.

**P.O. Box 4911
Key West, FL 33041
(305) 295-7338
Fax: (305) 295-7314
deniseharper@mindspring.com**

January 20, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

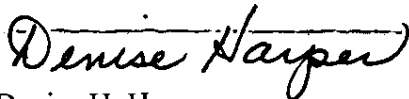
RE: K-Fear, Inc.
P96000077289

Please find enclosed a current UBR Form for the above corporation with check number 2566 for \$150.00.

Apparently upon speaking with a representative with the Division of Corporations we were told the original report was returned to your office and not forwarded to the new address at 300 Front Street. Thus the UBR was never received for the corporation.

Please reactivate K-Fear, Inc. and change the mailing address as indicated. Thank you for your assistance with this matter.

Sincerely,



Denise H. Harper
Accountant for K-Fear, Inc.
& Ilan Abenhaim

Enclosure



POWER OF ATTORNEY and Declaration of Representative

DR-835
R.01/00

PART 1 - POWER OF ATTORNEY

1. TAXPAYER INFORMATION (Taxpayer(s) must sign and date this form on Page 2, Part I, Section 8)

TAXPAYER NAME(S) AND ADDRESS (Please Type or Print)	TAXPAYER IDENTIFICATION NO(S), (SSN, FEIN, etc.)	FLORIDA TAX REGISTRATION NUMBER
ILAN ABENHAIM 300 FRONT ST. #2 KEY WEST, FL 33040	65-0701704	
		DAYTIME TELEPHONE NUMBER (305) 797-0388

Hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2. REPRESENTATIVE(S) (Each representative must be listed individually, and must sign and date this form on Page 2, Part II)

NAME AND ADDRESS (Please Type or Print)	TELEPHONE NUMBER
DENISE H. HARPER Harper Business Services, Inc. P.O. Box 4911 Key West, FL 33041	(305) 295-7338
	FAX NUMBER (305) 295-7314
NAME AND ADDRESS (Please Type or Print)	TELEPHONE NUMBER ()
	FAX NUMBER ()
NAME AND ADDRESS (Please Type or Print)	TELEPHONE NUMBER ()
	FAX NUMBER ()

To represent the taxpayer(s) before the Florida Department of Revenue in the following tax matters:

3. TAX MATTERS

TYPE OF TAX (Corporate, Sales, Intangible, etc.)	TAX FORM NUMBER (F-1120, DR-15, DR-301, etc.)	YEAR(S) / PERIOD(S) / MATTER(S)
CORPORATE, Unemployment SALES	4BR, UCT-6 DR-15	2002, 2003

4. ACTS AUTHORIZED

The representative(s) are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described in section 3, (for example, the authority to sign any agreements, consents, or other documents). The authority specifically includes the power to execute waivers of restrictions on assessment or collection of deficiencies in tax, to execute consents extending the statutory period for assessment or claims for refund of taxes, and to execute closing agreements under section 213.21, Florida Statutes. The authority does not include the power to receive refund warrants or the power to sign certain returns.

LIST ANY SPECIFIC ADDITIONS OR DELETIONS TO THE ACTS OTHERWISE AUTHORIZED IN THIS POWER OF ATTORNEY

5. RECEIPT OF REFUND

If you want to authorize a representative named in section 2 to receive, BUT NOT TO ENDORSE OR CASH, refund warrants, initial here _____ and list the name of that representative below.

NAME OF REPRESENTATIVE TO RECEIVE REFUND WARRANTS: _____