

JUN. 19. 2002 3:10PM

NO. 542 P. 2/3

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

KUEIT + ABEAMS INSURANCE SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

319 CLEMENS ST. #119

Suite, Apt. #, etc.

3. Mailing Address

319 CLEMENS ST. #119

Suite, Apt. #, etc.

City &amp; State

W.P.B. FL

City &amp; State

W.P.B. FL

Zip

33401

Country

P.B.

Zip

33401

Country

P.B.

4. FEI Number

65-0750051

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name GARY S. LESSER

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

909 NORTH DIXIE HIGHWAY

City WEST PALM BEACH

FL

Zip Code  
33401DO 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 of officer or director or authorized agent and file if applicable)

(NOTE: Registered Agent signature required when resigning)

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 \$81.25

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  
Eric S. Kueit  
2018 Normandy Cir.  
W.P.B. FL 33401

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

100006117631--8  
-07/01/02--01031--016

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Eric S. Kueit

chelo

5/18/02

CR2E034B (12/01)

Kurit,  
&  
Abrams

INSURANCE SERVICES

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02 JUN 20 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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02 JUN 20 PM 4:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 19, 2002

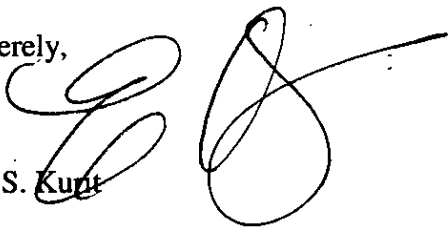
Florida Division of Corporations  
C/o Buck Kohr  
409 E. Gaines St.  
Tallahassee, FL 32399

Dear Mr. Kohr,

Thank you for taking the time to discuss my incorporation matter with me on the phone. As we discussed, my company moved in June of 1999 to a new location (319 Clematis St. #119 West Palm Beach, FL 33401). The mail was forwarded, but much of it apparently was lost. Unfortunately, we never received any renewal information. I only found out about it this afternoon when my accountants were finishing up some tax information. Enclosed is my renewal information and a check for this and last year. I certainly appreciate you and your department's cooperation and understanding in this matter. Please let me know if there is anything else that need ot be done in order to complete this process.

Sincerely,

Eric S. Kurit



BK