

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000021001

1. Entity Name

M & S KESEF, INCORPORATED

Principal Place of Business

11523 S DIXIE HWY
PINECREST FL 33156

Mailing Address

11523 S DIXIE HWY
PINECREST FL 33156

2. Principal Place of Business

11523 S DIXIE HWY

3. Mailing Address

11523 S DIXIE HWY

Suite, Apt. #, etc.

11523 S DIXIE HWY

Suite, Apt. #, etc.

City & State

PINECREST, FL

City & State

FL

Zip

33156

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETEL, MOSHE
11523 S DIXIE HWY
PINECREST FL 33156

7. Name and Address of New Registered Agent

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

11/22/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00.
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

TITLE D ☐ Delete
NAME PETEL, MOSHE
STREET ADDRESS 11523 S DIXIE HWY
CITY-ST-ZIP PINECREST FL 33156

TITLE D ☐ Delete
NAME SOLOMON, SPURGEON F
STREET ADDRESS 11523 S DIXIE HWY
CITY-ST-ZIP PINECREST FL 33156

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/00

Date

305 232 5533

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 27 PM 2:04



DO NOT WRITE IN THIS SPACE

DEPARTMENT OF STATE

FILE NUMBER 65-0736898

Applied For

Not Applicable

CR2E034 (5/00)