

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000021001

1. Entity Name

M & S KESEF, INCORPORATED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 27 PM 2:04

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
PINECREST

3. Mailing Address

11523 S DIXIE HWY



DO NOT WRITE IN THIS SPACE

DEPARTMENT OF STATE

4. FEE NUMBER 65-0736898

Applied For
Not Applicable

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.

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	<input type="checkbox"/> Delete
NAME	PETEL, MOSHE	
STREET ADDRESS	11523 S DIXIE HWY	
CITY-ST-ZIP	PINECREST FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOLOMON, SPURGEON F	
STREET ADDRESS	11523 S DIXIE HWY	
CITY-ST-ZIP	PINECREST FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

500003490965--0
-12/07/00--01068
****750.00 ****750.00

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
MOSHE PETEL

Date 10/31/00

Daytime Phone # 305 232 5533

CR2E034 (5/00)