

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2001 8:00 am
Secretary of State

02-12-2001 90005 044 ***150.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0736898

Applied For

Not Applicable

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.

MOSHE PETEL PRESIDENT.

8/6/01

DATE

(NOTE: Registered Agent signature required when reinstating)

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

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	OFFICER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEWARD BURNING
STREET ADDRESS	8961 FOUNTAIN BLEAU BLVD APT #504
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	OFFICER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FELIX PAVON
STREET ADDRESS	495 N.W. 72nd APT 407
CITY-ST-ZIP	MIAMI, FL 33126
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	

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

8/6/01

Date

305 232 5533

Daytime Phone #

CR2E034 (10/00)