

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90121 036 ***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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0736898**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PETEL, MOSHE
11523 S DIXIE HWY
PINECREST FL 33156**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	O	<input type="checkbox"/> Delete
NAME	BUINING, SIEWARD	
STREET ADDRESS	8961 FOUNTAINBLEAU BLVD APT #504	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	O	<input type="checkbox"/> Delete
NAME	PANON, FELIX	
STREET ADDRESS	495 NW 72 AVE APT #407	
CITY-ST-ZIP	MIAMI FL 33126	
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"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03 **305 232 5533**
Date Daytime Phone #

CR2E034 (10/02)