

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000040144

1. Entity Name

FRANK KASPER, INC.

FILED

Mar 09, 2000 8:00 am  
Secretary of State

03-09-2000 90097 009 \*\*\*150.00

Principal Place of Business

Mailing Address

~~3900 SW 52ND AVE, APT. 804~~

~~3900 SW 52ND AVE, APT. 804~~

~~PEMBROKE PARK FL 33023~~

~~PEMBROKE PARK FL 33023 6922~~

2231 N. 57 TERRACE

HOLLYWOOD, FL. 33021 A SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0750916

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

KASPER, FRANK

~~3900 SW 52ND AVE, APT. 804~~

~~PEMBROKE PARK FL 33028~~

2231 N. 57 TERRACE  
HOLLYWOOD, FL.  
33021

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

*Frank Kasper* FRANK KASPER PRESIDENT

3-6-2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

FILE NOW!!! FEE IS \$150.00

Tax filing requirement and elects to do so.  
(See criteria on back) ☐

After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME KASPER, FRANK  
STREET ADDRESS ~~3900 SW 52ND AVE, APT. 804~~ 2231 N. 57 TERRACE  
CITY-ST-ZIP ~~PEMBROKE PARK FL 33023~~ HOLLYWOOD, FL. 33021

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

*Frank Kasper*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-2000

Date

954-966-8023

Daytime Phone #

CR2E034 (9/99)