

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073283

1. Entity Name  
**DAVID E. KAYE, INCORPORATED**

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90495 025 \*\*\*150.00

Principal Place of Business

Mailing Address

2601 NE 211TH TER  
AVENTURA FL 33180

2601 NE 211TH TER  
AVENTURA FL 33180

2. Principal Place of Business

3. Mailing Address

**4441 CASPER CT.**

**4441 CASPER CT.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**HOLLYWOOD, FL.**

**HOLLYWOOD FL.**

4. FEI Number **65-0784948**

Applied For

Not Applicable

Zip **33021**

Country **USA.**

Zip **33021**

Country **USA.**

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

**KAYE, DAVID E**  
**2601 NE 211TH TER**  
**AVENTURA FL 33180**

Name

**DAVID E. KAYE**

Street Address (P.O. Box Number is Not Acceptable)

**4441 CASPER COURT**

City

**HOLLYWOOD**

**FL**

Zip Code

**33021**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KAYE, DAVID E</b>	
STREET ADDRESS	<b>4441 CASPER CT</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/01**

Date

**954 5536737**

Daytime Phone #

CR2E034 (10/00)