

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000085472

1. Entity Name  
KEMOTEKS, INC.

**FILED**  
**Jul 18, 2000 8:00 am**  
**Secretary of State**

07-18-2000 90014 008 \*\*\*150.00

Principal Place of Business

1515 N. FEDERAL  
SUITE 309  
BOCA RATON FL 33432  
US

Mailing Address

1515 N. FEDERAL  
SUITE 309  
BOCA RATON FL 33432  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0785287

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

SCHNEIDER, HARVEY R ESQ.  
1900 CORPORATE BLVD, STE 301-WEST  
BOCA RATON FL 33431

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

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME MOTO, ENISE  
STREET ADDRESS 1515 N. FEDERAL HWY STE 309  
CITY-ST-ZIP BOCA RATON FL 33432

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

TITLE ST ☐ Delete  
NAME MOTO, CIEDEM  
STREET ADDRESS 1515 N. FEDERAL HWY STE 309  
CITY-ST-ZIP BOCA RATON FL 33432

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/2000

Date

Daytime Phone #

P97000085472

A0068035

## EIM

797 NE 33<sup>rd</sup> STREET BOCA RATON FL. 33431 . USA. PHONES: 561.394 0444, FAX: 561.394 2666

To: Florida Department of State  
Division of Corporations

July 12, 2000

Dear Sirs,

I have just now received the "Uniform Business Report" second notice issued for Kemoteks, Inc.

~~As I have explained to the gentleman on the phone, this is the first notice we received ever for this company,~~  
which has not done any business in the past year and a half, and we should not be penalized for not receiving the first notice.

I was advised to put a check in the amount of \$ 150.00 into the form and send it.

Best Regards  
Enise Moto