

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90036 042 ***150.00

DOCUMENT # P97000101258

1. Entity Name
KURT KIEFER PROPERTIES, INC.

Principal Place of Business
845 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE FL 33304

Mailing Address
P O BOX 4276
FT LAUDERDALE FL 33338-4276



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6011 N.E. 14 AVENUE

3. Mailing Address

Suite, Apt. #, etc.
405

Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL

City & State

4. FEI Number 41-1899850

Applied For
 Not Applicable

Zip
33304

Country
Broward

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

KIEFER, KURT
845 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE FL 33304

Name
Kiefer, Kurt

Street Address (P.O. Box Number is Not Acceptable)
6011 N.E. 14 Ave. # 405

City
Ft. Lauderdale

FL

Zip Code
33304

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

Kurt Kiefer

3-05-02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIEFER, KURT 845 NORTH FEDERAL HIGHWAY FT. LAUDERDALE FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	6011 N.E. 14 Ave. # 405 Ft. Lauderdale FL 33304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Kurt Kiefer 3-05-02

Date

Daytime Phone #

CR2E034 (9/01)