

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90316 008 ***150.00

DOCUMENT # P98000016072

1. Entity Name
K.I.T. FINANCIAL SERVICES, INC.



Principal Place of Business
**C/O 701 W. CYPRESS CREEK RD.
SUITE 302
FT. LAUDERDALE FL 33309**

Mailing Address
**C/O 701 W. CYPRESS CREEK RD.
SUITE 302
FT. LAUDERDALE FL 33309**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0816121**

Applied For

Not Applicable

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

**KODSI & EISENSTEIN, P.A.
701 W. CYPRESS CREEK RD.
SUITE 302
FORT LAUDERDALE FL 33309**

Name
KODSI Law Firm (ISAAC KODSI)
Street Address (P.O. Box Number is Not Acceptable)
701 W. Cypress Creek Rd 3rd FL.
City
FT LAUDERDALE FL Zip Code
33309

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

ISAAC KODSI

4/29/03

(NOTE: Registered Agent signature required when reinstating)

DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	D KODSI, ISAAC C/O 701 W. CYPRESS CREEK RD. SUITE 302 FT. LAUDERDALE FL 33309	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **ISAAC KODSI** **4/29/03** **954-771-6777**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)