

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028451

1. Entity Name

K.S. INTERNATIONAL, INC.

FILED

May 05, 2000 8:00 am
Secretary of State

05-05-2000 90057 037 ***150.00

Principal Place of Business

Mailing Address

2499 GLADES ROAD #312
BOCA RATON FL 33431
1040 S. FED. HWY
DELRAY BCH, FL 33443

2499 GLADES ROAD #312
BOCA RATON FL 33431-7202
1877 S. FED. HWY, 300
BOCA RATON, FL 33432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0823275

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

MCNEAL, KENT
2499 GLADES RD
STE 312
BOCA RATON FL 33431

Name

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

1877 S. FEDERAL HWY, STE 300

City

BOCA RATON

FL

Zip Code

33432

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, 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 PD
NAME MCNEAL, KENT S
STREET ADDRESS 4165 NORTHWEST 1ST COURT
CITY-ST-ZIP DELRAY BEACH FL 33445 ☐ Delete

TITLE
NAME 9785 HAGESTIC WAY
STREET ADDRESS BOYNTON BEACH, FL 33437
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D
NAME ALI, SHAKAT
STREET ADDRESS 15565 SOUTHWEST 49TH STREET
CITY-ST-ZIP MIAMI FL 33185 ☐ Delete

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

TITLE ST
NAME PRESTON, LORETTA
STREET ADDRESS 2499 GLADES ROAD #312
CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete

TITLE
NAME 1877 S. FEDERAL HWY, 300
STREET ADDRESS BOCA RATON, FL 33432
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)