

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038763

1. Entity Name
KADOSH CORPORATION

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90492 008 ***150.00

Principal Place of Business
198 N.W. 79TH STREET
MIAMI FL 33150

Mailing Address
215 187TH ST
MIAMI FL 33160

2. Principal Place of Business

3. Mailing Address
18671 Collins Ave
Suite, Apt. #, etc. 702

City & State

City & State
N MIAMI BEACH FL

Zip

Country

Zip

Country

33160

4. FEI Number 65-0919595

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

COHEN, AUSTIN
215 187TH ST
MIAMI FL 33160

Name

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

18671 Collins Ave #702

City

N MIAMI BEACH

FL

Zip Code
33160

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 *X*

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 PD
NAME COHEN, RIVKA
STREET ADDRESS 215 187TH STREET
CITY-ST-ZIP N. MIAMI BEACH FL 33160 ☐ Delete

TITLE *President*
NAME
STREET ADDRESS 18671 Collins Ave #702 ☒ Change ☐ Addition
CITY-ST-ZIP N MIAMI BEACH FL 33160

TITLE VPD
NAME COHEN, DAVID
STREET ADDRESS 215 187TH STREET
CITY-ST-ZIP N. MIAMI BEACH FL 33160 ☐ Delete

TITLE *VP*
NAME
STREET ADDRESS 18671 Collins Ave #702 ☒ Change ☐ Addition
CITY-ST-ZIP N MIAMI BEACH FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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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* *mu*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-5-01

CR2E034 (10/00)