

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039569

1. Entity Name

KERO ENTERPRISES, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90268 010 ***150.00

Principal Place of Business

P.O. BOX 190007
FT. LAUDERDALE FL 33319

Mailing Address

541 SOUTH STATE RD. 7
MARGATE FL 33068-1711

2. Principal Place of Business

11614 NW 24th CT.

Suite, Apt. #, etc.

Coral Spring, FL.

City & State

33065

8061 W. McNAB ROAD
TAMARAC, FLORIDA 33321



DO NOT WRITE IN THIS SPACE

FEI Number

65-0846039

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUCAS, ROY L
7380 NW 52ND CT.
LAUDERHILL FL 33301

7. Name and Address of New Registered Agent

Name POLLY R. BURTON

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

11614 NW 24th COURT

City CORAL SPRINGS FL

Zip Code 33065

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 POLLY BURTON (V.P.) Polly Burton

1/17/2000

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

TITLE DP
NAME O'NEIL, BASIL
STREET ADDRESS 11610&11621 N.W. 24TH COURT
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete

TITLE DVP
NAME BURTON, POLLY
STREET ADDRESS 11610&11621 N.W. 24TH COURT
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

13. I hereby certify that the information provided 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 the annual 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 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 attached address; with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/93)