

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

DOCUMENT # P98000046756

1. Entity Name

KESHET INTERNATIONAL, INC.

06-14-2001 90012 023 ***158.75

08-01-2001 90195 012 ***391.25

Principal Place of Business

600 N. BIRCH ROAD
 #403
 FT. LAUDERDALE FL 33304

Mailing Address

600 N. BIRCH ROAD
 #403
 FT. LAUDERDALE FL 33304

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 **APPLIED FOR**
59-3642856

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MORGAN, CHARLES O JR
 1300 NORTHWEST 167TH STREET
 MIAMI FL 33169

7. Name and Address of New Registered Agent

Name: Stephen L. Benning
 Street Address (P.O. Box Number is Not Acceptable)
5720 Lakeside Drive #619
 City: MARGATE, FL 33063 FL Zip Code 33063

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

Stephen L. Benning Stephen L. Benning
 (Signature typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating)

7-3-2001
 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 ☐ Delete
 NAME TCHIVIDJIAN, ANGHEL
 STREET ADDRESS 4131 NW 99 AVENUE
 CITY-ST-ZIP CORAL SPRINGS FL

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

TITLE VD ☐ Delete
 NAME TCHIVIDJIAN, EMMANUEL
 STREET ADDRESS 82 STOW ROAD
 CITY-ST-ZIP BOSTON MA 14519

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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: Anghel Tchividjian - ANGHEL TCHIVIDJIAN, INC.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/07/01 (954) 564-8095
 Date Daytime Phone #