

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90104 009 ***158.75

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DOCUMENT # P98000046756

1. Entity Name

KESHET INTERNATIONAL, INC.



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

59-3642856

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required.**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENNING, STEPHEN L

5720 LAKESIDE DRIVE, #619

MARGATE FL 33063

Name

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

City

FL

Zip Code

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.

(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 **PD** ☐ Delete
NAME **TCHIVIDJIAN, ANGHEL**
STREET ADDRESS **4131 NW 99 AVENUE**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **TCHIVIDJIAN, ANGHEL**
STREET ADDRESS **600 N. BIRCH ROAD, #403**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE **VD** ☐ Delete
NAME **AHMAD, MALIK DR**
STREET ADDRESS **1525 S ANDREWS AVE STE 9**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE **VD** ☒ Change ☐ Addition
NAME **AHMAD, MALIK DR**
STREET ADDRESS **7166 NOB HILL ROAD**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature] **PD. ANGHEL TCHIVIDJIAN** 04/28/03 9545648095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)