

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052057

1. Entity Name

KSK ENTERPRISES, INC.

Principal Place of Business

P.O. BOX 331231
MIAMI FL 33133
US

Mailing Address

P.O. BOX 331231
MIAMI FL 33133
US

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

65-0842511

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, MICHAEL
20401 NW 2ND AVENUE
SUITE 203
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name: KAZEROUNI, KAMYAB
Street Address (P.O. Box Number is Not Acceptable): 401 Biscayne Blvd # C-17
City: Miami FL Zip Code: 33132

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

Kamyab M. Kazerouni KAMYAB M. KAZEROUNI

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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: P
NAME: KAZEROUNI, KAMYAB
STREET ADDRESS: P.O. BOX 331231
CITY-ST-ZIP: MIAMI FL 33133

☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS: 700003422447--0
CITY-ST-ZIP: -10/12/00-01027--004

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS: ****550.00
CITY-ST-ZIP: ****550.00

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

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

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:

Kamyab M. Kazerouni
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-10-00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -4 AM 9:13



DO NOT WRITE IN THIS SPACE