

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052491

1. Entity Name

KISH PROPERTIES, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90133 001 ***150.00

Principal Place of Business

Mailing Address

7000 WEST PALMETTO PARK ROAD
SUITE 400
BOCA RATON FL 33433

7000 WEST PALMETTO PARK ROAD
SUITE 400
BOCA RATON FL 33433-3425

2. Principal Place of Business

3. Mailing Address

7000 W Palmetto Park Rd
Suite, Apt. #, etc.
Suite 407

7000 W Palmetto Park Rd
Suite, Apt. #, etc.
Suite 407



DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

4. FEI Number 65-0842392

Applied For
Not Applicable

Zip
33433

Country
USA

Zip
33433

Country
USA

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

RAFI, RUBINEZ
7000 W. PALMETTO PARK ROAD
BOCA RATON FL 33433

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.

SIGNATURE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME RAFI, RUBINEZ
STREET ADDRESS 7000 WEST PALMETTO PARK ROAD
CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rafi Rubinez

Date

3/1/00 561-368-5420

Daytime Phone #

CR2E034 (9/99)