

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90001 034 ***550.00

DOCUMENT # P98000053463

1. Entity Name

KACHINA ENTERPRISES, INC.

Principal Place of Business

**ONE E. BROWARD BLVD., STE.1705
 FT. LAUDERDALE FL 33301**

Mailing Address

**ONE E. BROWARD BLVD., STE.1705
 FT. LAUDERDALE FL 33301**

2. Principal Place of Business

**1 E Broward Blvd
 Suite #, etc.
 Ste 1501**

3. Mailing Address

**1 E Broward Blvd
 Suite, Apt. #, etc.
 Ste 1501**

City & State

Ft Lauderdale FL

City & State

Ft Lauderdale, FL

Zip

33301

Country

USA

Zip

33301

Country

USA

4. FEI Number

65-0846242

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRUMER, KEITH T ESQ
 GRUMER & LEVIN, P.A.
 ONE E. BROWARD BLVD., STE.1705
 FT. LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

**Name Keith Grumer
 Street Address (P.O. Box Number is Not Acceptable)
 1 E Broward Blvd
 Suite 1501
 City Ft Lauderdale FL Zip Code 33301**

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 \$550.00
 After September 12, 2001 Fee 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 D, Pres.
 NAME LEVIN, RALPH
 STREET ADDRESS 32640 DEQUINDRE RD.
 CITY-ST-ZIP WARREN MI 48092** ☐ Delete

**TITLE VP
 NAME Michael Levin
 STREET ADDRESS 1 E Broward Blvd #1501
 CITY-ST-ZIP Ft Lauderdale, FL 33301** ☐ Delete

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

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 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
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**TITLE
 NAME
 STREET ADDRESS
 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 OF Michael Levin VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-01

954 7132700

Date

Daytime Phone #