

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081534

1. Entity Name

KAI LIMITED, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90162 017 ***150.00

Principal Place of Business

Mailing Address

3109 STIRLING RD., STE. 101
FT. LAUDERDALE FL 33312

3109 STIRLING RD., STE. 101
FT. LAUDERDALE FL 33312-6558

C0006284



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1280 S. Powerline Rd
Suite, Apt. #, etc. # 735

3. Mailing Address

1280 S. Powerline Rd
Suite, Apt. #, etc. # 735

City & State
Pompano Beach, FL
Zip 33069 Country USA

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Pompano Beach, FL
Zip 33069 Country USA

4. FEI Number 65-0866474

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EISENBERG, STEVEN E ESQ
3109 STIRLING RD., STE. 101
FT. LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

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

TITLE D
NAME EISENBERG, STEVEN E
STREET ADDRESS 3109 STIRLING RD., STE. 101
CITY-ST-ZIP FT. LAUDERDALE FL 33312 ☐ Delete

TITLE DP
NAME PEDERSEN, JAMES
STREET ADDRESS 1280 S. POWERLINE ROAD 3735
CITY-ST-ZIP POMPAÑO BEACH FL 33069 ☐ Delete

TITLE ST
NAME WRIGHT, MARJORIE
STREET ADDRESS 1280 S. POWERLINE ROAD #735
CITY-ST-ZIP POMPAÑO BEACH FL 33069 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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: Marjorie Wright

1-11-00 9549715900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)