

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014560

1. Entity Name  
KITCHENS DIRECT, INC.

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90137 046 \*\*\*150.00

Principal Place of Business  
4100 NORTH POWERLINE RD.,STE.C-1  
POMPANO BEACH FL 33073

Mailing Address  
4100 NORTH POWERLINE RD.,STE.C-1  
POMPANO BEACH FL 33073

2. Principal Place of Business  
509 Datterel Rd.  
Suite, Apt. #, etc.  
23-C  
City & State  
Delray Bch. FL

3. Mailing Address  
509 Datterel Rd.  
Suite, Apt. #, etc.  
23-C  
City & State  
Delray Bch. FL



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0924638  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
Zip 33444 Country Palm Bch.

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent  
BENJOSEPH, AVRAHAM  
4100 NORTH POWERLINE RD.,STE.C-1  
POMPANO BEACH FL 33073

7. Name and Address of New Registered Agent  
Name BenJoseph Avraham  
Street Address (P.O. Box Number is Not Acceptable)  
749 NW 41st Way  
City Deerfield Bch. FL Zip Code 33443

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 Avraham BenJoseph DATE 1/22/01  
(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DP HOLZMANN, AVNER 1406 N.W. 15TH AVE.,APT.7 BOCA RATON FL 33486 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LEVY, YEHEZCKEL 6859 N. GRANDE DR. BOCA RATON FL 33486 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENJOSEPH, AVRAHAM 749 NW 41ST WAY DEERFIELD BEACH FL 33443 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Avner Holzmann 509 Datterel Rd 23-C Delray Bch FL 33444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Avner Holzmann P RESIDENT DATE 1/22/01 DAYTIME PHONE # (954)-295-7616

CR2E034 (10/00)