

2000 UNIFORM BUSINESS REPORT (UBR)

6/9

FILED
Jul 11, 2000 8:00 am
Secretary of State

06-09-2000 90009 040 ***150.00

DOCUMENT # P99000015794

1. Entity Name

OFFICIAL KIOSK GROUP, INC.

Principal Place of Business

Mailing Address

1785 N.E. 123rd STREET
 N. MIAMI, FL. 33181

2. Principal Place of Business

3. Mailing Address

1785 N.E. 123rd STREET, N. MIAMI, FL 33181

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0888241

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEN SOLOMON
 1785 N.E. 123rd STREET
 N. MIAMI, FL. 33181 *** NEW ADDRESS**

Name **SAME**

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]

BEN SOLOMON

5/15/00

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	CHAIRMAN	<input type="checkbox"/> Delete
NAME	BEN SOLOMON	
STREET ADDRESS	1785 N.E. 123 rd STREET	
CITY-ST-ZIP	N. MIAMI, FL. 33181	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Delete
NAME	HAYA ZUR	
STREET ADDRESS	1800 NE 114 th STREET #1602	
CITY-ST-ZIP	N. MIAMI, FL. 33181	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	TALEE ZUR	
STREET ADDRESS	1800 N.E. 114 th STREET, #1602	
CITY-ST-ZIP	N. MIAMI, FL. 33181	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	HENRY BONIS	
STREET ADDRESS	679 NE 77 th STREET	
CITY-ST-ZIP	MIAMI, FL 33138	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	DR. HAROLD S. BOBER	
STREET ADDRESS	3675 N. Country Club Dr. # 2008	
CITY-ST-ZIP	AVENTURA, FL.	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	KAMAL KOTCHANDANI	
STREET ADDRESS	1655 WASHINGTON AVE	
CITY-ST-ZIP	MIAMI BEACH, FL. 33139	

TITLE	CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEN SOLOMON	of address
STREET ADDRESS	1785 N.E. 123 rd STREET	
CITY-ST-ZIP	N. MIAMI, FL 33181	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSHE ZUR	
STREET ADDRESS	1800 N.E. 114 th STREET #1602	
CITY-ST-ZIP	N. MIAMI, FL. 33181	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMAL KOTCHANDANI	of address
STREET ADDRESS	1220 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH, FL. 33139	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowerments.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/00

305 895 8866

Date

Daytime Phone #

CR2E034 (9/98)