

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019585

1. Entity Name

E.K. CONSULTANTS, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90017 006 ***150.00

Principal Place of Business

1705 SW 109TH TERRACE
DAVIE FL 33324

Mailing Address

1705 SW 109TH TERRACE
DAVIE FL 33324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0898948

Applied For

Not Applicable

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

KAYE, EDWARD
1705 SW 109TH TERRACE
DAVIE FL 33324

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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** ☐ Delete
NAME **KAY, EDWARD**
STREET ADDRESS **1705 SW 109TH TERRACE**
CITY-ST-ZIP **DAVIE FL 33324**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **KAYE, EDWARD**
STREET ADDRESS **1705 SW 109 TERRACE**
CITY-ST-ZIP **DAVIE, FL. 33324**

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

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

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CITY-ST-ZIP

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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/00 **954-476-2011**
Date Daytime Phone #

CR2E034 (5/00)

Attachment
P99000619585
B0106045

SEPTEMBER 5, 2000

DEAR SIRs,

MY CORPORATION IS ONLY ONE YEAR OLD AND I HAVE NEVER HAD TO FILE A UBR REPORT BEFORE. IF I RECIEVED A FIRST NOTICE, I DID NOT REALIZE WHAT IT WAS.

I SINCERELY APOLOGIZE FOR THE LATENESS OF THIS FILING. I WILL BE SURE TO BE ON TIME IN THE FUTURE. I UNDERSTAND THE IMPORTANCE OF TIMELY REPORTING AND WANT TO COMPLY WITH ALL REQUIREMENTS.

I RESPECTFULLY REQUEST THAT YOU ACCEPT THIS REPORT WITH MY PAYMENT OF \$150.00.

THANK YOU FOR YOUR CONSIDERATION.

Yours Truly,

EDWARD KAYE, PRES.
E.K. CONSULTANTS.