

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026912

1. Entity Name

KICKPUNCH, INC.

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90037 032 \*\*\*150.00

Principal Place of Business

20533 BISCAYNE BLVD SUITE #N309  
AVENTURA FL 33180

Mailing Address

20533 BISCAYNE BLVD SUITE #N309  
AVENTURA FL 33180-1529

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

65-1010816

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LILIAN SREDNI, P.A.  
21332 W DIXIE HWY  
N MIAMI BEACH FL 33180

7. Name and Address of New Registered Agent

Name

Michael Higer

Street Address (P.O. Box Number is Not Acceptable)

Mintz Trupman Klein + Higer  
1700 Sans Souci Blvd

City

North Miami

FL

Zip Code

33181

8. The above named entity certifies 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)

5/30/2000

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	PD	<input type="checkbox"/> Delete
NAME	ANDRON, BENJAMIN	
STREET ADDRESS	20533 BISCAYNE BLVD SUITE #N309	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ANDRON, MICHELLE	
STREET ADDRESS	20533 BISCAYNE BLVD SUITE #N309	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGER, ROBERTA	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARROWAY, SHARON	
STREET ADDRESS		
CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Robert M. Higer

Date

Daytime Phone #

5/30/00 (305) 935-4379

CR2E034 (9/99)