

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000051976**

1. Entity Name

KIS ENTERPRISES, INC.**FILED****Mar 28, 2001 8:00 am**
Secretary of State

03-28-2001 90222 008 ***150.00

031467

Principal Place of Business

7828 GLEN GARY LANE
DELRAY BEACH FL 33446

Mailing Address

7828 GLEN GARY LANE
DELRAY BEACH FL 33446

2. Principal Place of Business

7538 GLENDEVON LANE
Suite, Apt. #, etc.

3. Mailing Address

7538 GLENDEVON LANE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

4. FEI Number

65-0924966

Applied For

Not Applicable

Zip

33446

Country

USA

Zip

33446

Country

USA5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent

DAVIDOFF, SANDRA L
7538 GLENDEVON LN
DELRAY BEACH FL 33446

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **KIRSHNER, SEYMOUR**
STREET ADDRESS **7828 GLEN GARY LANE**
CITY-ST-ZIP **DELRAY BEACH FL 33446**TITLE **VD** ☐ Delete
NAME **DAVIDOFF, SANDRA L**
STREET ADDRESS **7538 GLENDEVON LN**
CITY-ST-ZIP **DELRAY BEACH FL 33446**TITLE **STD** ☐ Delete
NAME **IZZO, THOMAS**
STREET ADDRESS **7828 GLEN GARY LANE**
CITY-ST-ZIP **DELRAY BEACH FL 33446**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7538 GLENDEVON LANE**
CITY-ST-ZIP **DELRAY BEACH FL 33446**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7538 GLENDEVON LANE**
CITY-ST-ZIP **DELRAY BEACH, FL 33446**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra Lee Davidoff**3/25/01**

Date

561-496-4686

Daytime Phone #

CR2E034 (10/00)