

2000 UNIFORM BUSINESS REPORT (UBR)

5

FILED

Jul 12, 2000 8:00 am
Secretary of State

05-23-2000 90197 044 ***150.00

DOCUMENT #

1. Entity Name

Kash Enterprises Inc.
R

P99000054145

Principal Place of Business

Mailing Address

2571 NW 60 Ave.
Margate, FL 33063

4567 NW 17 Ave
Tamarac Lakes
FL 33309

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

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

Spiegel + Utrera, P.A.
343 Almeria Avenue
Coral Gables, FL 33134

Name Cheryl Bollen

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

2571 NW 60 Ave

City Margate

FL

Zip Code 33063

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

Cheryl Bollen

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

4-25-00

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 President
NAME Jeanne M. Bollen
STREET ADDRESS 4567
CITY-ST-ZIP
☐ Delete

TITLE President
NAME Jeanne M. Bollen
STREET ADDRESS 2571 4567 NW 17 Ave
CITY-ST-ZIP Tamarac Lakes FL 33309
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE Vice President
NAME Jay A. Bollen
STREET ADDRESS 2571 NW 60 Ave
CITY-ST-ZIP Margate FL 33063
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME Cheryl Bollen
STREET ADDRESS 2571 NW 60 Ave.
CITY-ST-ZIP Margate FL 33063
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

Cheryl Bollen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00

Date

(954) 974-2404

Daytime Phone #

CR2E034 (9/99)