

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90080 007 ***150.00

DOCUMENT # P99000056592

1. Entity Name
KAHN FAMILY ENTERPRISES, INC.

Principal Place of Business

1200 MORSE BLVD
SINTER ISLAND FL 33404

Mailing Address

1200 MORSE BLVD
SINTER ISLAND FL 33404

2. Principal Place of Business

1200 MORSE BLVD

Suite, Apt. #, etc.
SINGER ISLAND

City & State
FL

3. Mailing Address

1200 MORSE BLVD

Suite, Apt. #, etc.

City & State
SINGER ISLAND FL

4. FEI Number 65-0929431

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE



Zip
33404

Country
Palm Beach

Zip
33404

Country
Palm Beach

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

6. Name and Address of Current Registered Agent

KAHN, ELIZABETH J
1143 SURF ROAD
SINTER ISLAND FL 33404

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	KAHN, ELIZABETH J	
STREET ADDRESS	1143 SURF ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33404	
TITLE		<input type="checkbox"/> Delete
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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: *Elizabeth J. Kahan* **4-27-2002** **561-844-7825**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)