

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90712 020 ***150.00

0531861 AV

DOCUMENT # P99000068516

1. Entity Name
KAHN GALLERIES INTERNATIONAL INC.



Principal Place of Business
**376 13TH AVE S
3500 GULFSHORE BLVD.
NAPLES FL 34102**

Mailing Address
**376 13TH AVE S
3500 GULFSHORE BLVD.
NAPLES FL 34102**



2. Principal Place of Business
S37 5TH AVES
Suite, Apt. #, etc.

3. Mailing Address
S37 5TH AVES
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
NAPLES FL
Zip
34102 Country
USA

City & State
NAPLES FL
Zip
34102 Country
USA

4. FEI Number
59-3600445

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KAHN, WAYNE
VENETIAN COVE, SUITE 605
3500 GULFSHORE BLVD.
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name
IVOR KAHN
Street Address (P.O. Box Number is Not Acceptable)
3500 Gulfshore Blvd. Suite 605
City
NAPLES FL Zip Code
34103

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE **2/27/03**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
KAHN, WAYNE
376 13TH AVE S
NAPLES FL 34102** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DR. MANFRED DUNKER
S37 5TH AVES
NAPLES FL 34102** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
KAHN, DIANNE
376 13TH AVE S
NAPLES FL 34102** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
KAHN, DIANNE
S37 5TH AVES
NAPLES FL 34102** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TS
KAHN, IVOR
376 13TH AVE S
NAPLES FL 34102** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TS
KAHN, IVOR
S37 5TH AVES
NAPLES FL 34102** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239
01 31 03 262 6625

Date Daytime Phone #

CR2E034 (10/02)