

# 2000 UNIFORM BUSINESS REPORT (UBR)

4

DOCUMENT # P99000071002

1. Entity Name

KENNEJAY, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90023 029 \*\*\*158.75

Principal Place of Business  
2829 INDIAN CREEK DR. SUITE 1002  
MIAMI BEACH FL 33140

Mailing Address  
2829 INDIAN CREEK DR. SUITE 1002  
MIAMI BEACH FL 33140-4730



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
2829 Indian Creek Dr.  
Suite, Apt. #, etc.  
# 1002  
City & State  
Miami Beach Fla  
Zip  
33140  
Country  
US

3. Mailing Address  
Same  
Suite, Apt. #, etc.  
Same  
City & State  
Same  
Zip  
Same  
Country  
US

4. FEI Number  
05-0949064  
Applied For  
Not Applicable  
5. Certificate of Status Desired  
X  
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
KAHN, DONALD J  
317 71ST ST  
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent  
Name  
Kenneth Lussky  
Street Address (P.O. Box Number is Not Acceptable)  
2829 Indian Creek Dr 1002  
City  
Miami Beach  
FL  
Zip Code  
33140

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  
4-30-00

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	PSTD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUSSKY, KENNETH		NAME		
STREET ADDRESS	2829 INDIAN CREEK DR. SUITE 1002		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33140		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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  
DATE  
4-3-00  
Daytime Phone #

CRPE034 (9/99)