

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90164 029 ***158.75

DOCUMENT # P99000071002

1. Entity Name
KENNEJAY, INC.

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
MIAMI FLA.

3. Mailing Address
260 NE 51ST ST
MIAMI FLA.

Suite, Apt. #, etc.
260 NE 51ST ST
City & State
MIAMI FLA.

Suite, Apt. #, etc.
H 2
City & State
MIAMI FLA.

4. FEI Number **65-0949064** **Applied For**
Not Applicable

Zip **33137** **Country** **US**

Zip **33137** **Country** **US**

5. Certificate of Status Desired ☒ **\$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
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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ **Delete**
NAME **LUSSKY, KENNETH**
STREET ADDRESS **2829 INDIAN CREEK DR, SUITE 1002**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1702 **305 610 3133**
Date **Daytime Phone #**

CR2E034 (9/01)