

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076027

1. Entity Name

K & S PRODUCTS, INC.

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90066 027 \*\*\*150.00

Principal Place of Business

Mailing Address

1800 CORPORATE BLVD. N.W.  
SUITE 302  
BOCA RATON FL 33431

1800 CORPORATE BLVD. N.W.  
SUITE 302  
BOCA RATON FL 33431-7336

2. Principal Place of Business

3. Mailing Address

~~3000 S. OCEAN BLVD #506~~

~~3000 S. OCEAN BLVD #506~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 368

P.O. BOX 368

City & State

City & State

Deerfield Beach, FL

Deerfield Beach, FL

Zip

Zip

33443

33443

Country

Country

BROWARD

BROWARD

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAGDASARIAN, RICHARD C  
1800 CORPORATE BLVD. N.W.  
SUITE 302  
BOCA RATON FL 33431

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
SAFILIAN, STEVEN J  
3000 SOUTH OCEAN BLVD. #506  
BOCA RATON FL 33431 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VST  
SAFILIAN, STEVEN J  
3000 SOUTH OCEAN BLVD. #506  
BOCA RATON FL 33431 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVENSAFILIAN

Date

Daytime Phone #

3/28/00 561-391-9976