

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089713

1. Entity Name

SAMKLE HOLDINGS, INC.

FILED

00 OCT 26 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

800 BRICKELL AVE., STE. 550
MIAMI FL 33131

Mailing Address

800 BRICKELL AVE., STE. 550
MIAMI FL 33131

2. Principal Place of Business

4811 Lejeune Rd
Suite, Apt. #, etc.

3. Mailing Address

4811 Lejeune Rd
Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Coral Gables, FL

REINSTATEMENT 2000

4. FEI Number
65-0955140

Applied For
Not Applicable

Zip
33146

Country
USA

Zip
33146

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YANOWITCH, PETER J
800 BRICKELL AVE., STE. 550
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
RAPHAEL KLEIN
Street Address (P.O. Box Number is Not Acceptable)
4811 LEJEUNE ROAD
City
CORAL GABLES FL Zip Code
33146

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.

RAPHAEL KLEIN, CO-OWNER 11/3/00

(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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	KLEIN, MICHAEL	
STREET ADDRESS	800 BRICKELL AVE., STE. 550	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLEIN, RAPHAEL	
STREET ADDRESS	800 BRICKELL AVE., STE. 550	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLEIN, LEANDRO	
STREET ADDRESS	800 BRICKELL AVE., STE. 550	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100003493091--6
STREET ADDRESS	-12/11/00--01027--016
CITY-ST-ZIP	****750.00 ****750.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAPHAEL KLEIN

10/11/00

(305) 661-6111

Date

Daytime Phone #

CR2E034 (500)