

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

08-18-2003 90171 001 ***500.00
09-05-2003 90116 030 ****50.00

DOCUMENT # P99000095399

1. Entity Name
KANUGA PROPERTIES, INC.



Principal Place of Business
**123 BAREFOOT COVE
HYPOLUXO FL 33462**

Mailing Address
**123 BAREFOOT COVE
HYPOLUXO FL 33462**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
**Kanuga Properties Inc
D/B/A Holiday House Motel
320 N. Federal Highway
Lake Worth, FL 33460**

Suite, Apt. #, etc.
**Kanuga Properties Inc
D/B/A Holiday House Motel
320 N. Federal Highway
Lake Worth, FL 33460**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0961008**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BELOFF, S DAVID
320 N FEDERAL HWY
LAKE WORTH FL 33460**

Name **LEONARD GERONIMUS, CPA**
Street Address (P.O. Box Number is Not Acceptable) **2505 NW BOCA RATON BLVD**
SUITE 202
City **BOCA RATON** FL **33431**

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

S. David Beloff

[Signature]

7-08-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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. COMMONS CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELOFF, S DAVID 123 BAREFOOT COVE HYPOLUXO FL 33462	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. DAVID BELOFF 320 N. FEDERAL HWY. LAKE WORTH, FL 33460	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 or without other like empowered.

SIGNATURE:

S. David Beloff **Pres.**

7-8-03

561-582-3561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)