

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90309 047 \*\*\*150.00

**DOCUMENT # P99000109961**

1. Entity Name

**KELLY BROCK ENTERPRISES, INC.**

Principal Place of Business

**1337 EUCLID AVENUE  
 SUITE 101  
 MIAMI BEACH FL 33139  
 US**

Mailing Address

**1337 EUCLID AVENUE  
 SUITE 101  
 MIAMI BEACH FL 33139  
 US**

2. Principal Place of Business

**2020 NE 163<sup>rd</sup> ST**

3. Mailing Address

**1671 NE 174<sup>th</sup> ST**

Suite, Apt. #, etc.

**300**

Suite, Apt. #, etc.

City & State

**NORTH MIAMI BEACH, FL**

City & State

**NORTH MIAMI BEACH, FL**

4. FEI Number

**65-0968801**

Applied For

Not Applicable

Zip

**33162**

Country

**U.S.A**

Zip

**33162**

Country

**U.S.A**

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

6. Name and Address of Current Registered Agent

**BROCK, KELLY**

**1337 EUCLID AVE., APT 101  
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

**BROCK, KELLY**

Street Address (P.O. Box Number is Not Acceptable)

**1671 NE 174<sup>th</sup> ST**

City

**NORTH MIAMI BEACH FL**

Zip Code

**33162**

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

**PRESIDENT**

**4/23/02**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROCK, KELLY J</b>	
STREET ADDRESS	<b>1337 EUCLID AVENUE SUITE 101</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROCK, KELLY J</b>	
STREET ADDRESS	<b>1671 NE 174<sup>th</sup> ST</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL, 33162</b>	
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

Date

Daytime Phone #

**4/23/02 954-665-6735**

CR2E034 (9/01)