

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S16783

1. Entity Name

KMP ENTERPRISES, INC.

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90027 013 ***150.00

Principal Place of Business

Mailing Address

10151 NW 46 ST
SUNRISE FL 33351
US

10151 NW 46 ST
SUNRISE FL 33351
US

2. Principal Place of Business

10228 N.W. 50 ST

3. Mailing Address

10228 NW. 50 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE FL

City & State

SUNRISE FL

4. FEI Number

65-0244395

Applied For

Not Applicable

Zip

33351

Country

FL

Zip

33351

Country

FL

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

EPSTEIN & SHAPIRO, P.A. C
1776 PINE ISLAND RD. #316
PLANTATION FL 33322

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, 2001 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	VD	<input type="checkbox"/> Delete
NAME	PAOLETTI, KENNETH	
STREET ADDRESS	6429 NW 52ND COURT	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PAOLETTI, MARY	
STREET ADDRESS	6429 NW 52ND COURT	
CITY-ST-ZIP	LAUDERHILL FL	
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"/> 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:

Mary L. Paolotti

MARY L. PAOLETTI

4/4/01

954 747 9800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0279111