

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V64821

1. Entity Name

SAM KALVORT ASSOCIATES, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90040 048 ***150.00

Principal Place of Business

6613 HAWAIIAN AVENUE
 BOYNTON BEACH FL 33437

Mailing Address

6613 HAWAIIAN AVENUE
 BOYNTON BEACH FL 33437-7020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0352892

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

KALVORT, SAMUEL
 11061 MINNEAPOLIS DRIVE
 COOPER CITY FL 33026

Name

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

6613 HAWAIIAN Ave

City

Boynton Beach

FL

Zip Code

33437

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 ☐ Delete
 NAME D
 STREET ADDRESS KALVORT, SAMUEL
 CITY-ST-ZIP 11061 MINNEAPOLIS DR
 COOPER CITY FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 6613 HAWAIIAN Ave
 CITY-ST-ZIP Boynton Beach FL 33437

TITLE ☐ Delete
 NAME D
 STREET ADDRESS KALVORT, CHERYL
 CITY-ST-ZIP 11061 MINNEAPOLIS DR
 COOPER CITY FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 6613 HAWAIIAN Ave
 CITY-ST-ZIP Boynton Beach FL 33437

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Samuel R. Kalvort SAMUEL R. KALVORT

4/25/2000

601742-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #