

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90030 001 ***150.00

DOCUMENT # 333077

1. Entity Name
KEVIN R. CO.

Principal Place of Business Mailing Address
~~FIVE ORCHARD ST.~~ **15 HOLLOW WAY** ~~FIVE ORCHARD ST.~~ **P.O. Box 11**
GLEN HEAD NY 11595 **GLEN HEAD NY 11545-1314**
GLEN COVE NY 11542



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15 HOLLOW WAY

3. Mailing Address
P.O. Box 11

Suite, Apt. #, etc.

City & State
GLEN COVE NY 11542 **GLEN HEAD NY**

Zip Country Zip Country
11542 **USA** **11545** **U.S.A**

4. FEI Number Applied For
23-1706736 Not Applicable

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

6. Name and Address of Current Registered Agent

CALAMARI, ~~FRANK~~ PATRICIA
21545 CAMPO ALLEGRO DR
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name **BERGEN PATRICIA Apt 315**

Street Address (P.O. Box Number is Not Acceptable)
Patricia Bergen
1648 Jupiter Cove Drive

City **JUPITER** State **FL** Zip Code **33469**

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 **PATRICIA BERGEN** DATE **4/30/2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	CALAMARI, RAYMOND M	FIVE ORCHARD ST.	GLEN HEAD NY 11595	<input type="checkbox"/>
ST	CALAMARI, LEONORA	FIVE ORCHARD ST.	GLEN HEAD NY 11545	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	CALAMARI RAYMOND M.	15 HOLLOW WAY	Glen Cove, NY. 11542	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ST	CALAMARI LEONORA	15 HOLLOW WAY	Glen Cove NY 11542	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Raymond M. Calamari** Date **April 30 2000** Daytime Phone # **759 3634**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)