

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90523 010 ***150.00

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DOCUMENT # P00000051679

1. Entity Name

KAGG ENTERPRISES OF FORT LAUDERDALE, INC.



Principal Place of Business
**1701 SOUTHWEST 5TH STREET
FT. LAUDERDALE FL 33312**

Mailing Address
**1701 SOUTHWEST 5TH STREET
FT. LAUDERDALE FL 33312**

2. Principal Place of Business

1326 SE 17 STREET

3. Mailing Address

1326 SE 17 STREET

Suite, Apt. #, etc.

141

Suite, Apt. #, etc.

141

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33316

Country

USA

Zip

33316

Country

USA

4. FEI Number

65-1011254

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE **PSTD** ☐ Delete
NAME **GERTZ, KIMBERLY A**
STREET ADDRESS **1701 SOUTHWEST 5TH STREET**
CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
NAME **GERTZ, Kimberly**
STREET ADDRESS **1326 SE 17 ST #141**
CITY-ST-ZIP **FT. LAUDERDALE, FL. 33316**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/17/03

954-294-9235

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)