

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 607945**

1. Entity Name

**KENDALL EQUIPMENT CORP.**

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90910 013 \*\*\*150.00

Principal Place of Business <b>650 NW 120TH STREET MIAMI FL 33168</b>	Mailing Address <b>650 NW 120TH STREET MIAMI FL 33168-2529</b>
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DO NOT WRITE IN THIS SPACE

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 <b>59-2027849</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**LINDO, MAURICIO**  
**19725 NE 24TH COURT**  
**NORTH MIAMI FL 33180**

**7. Name and Address of New Registered Agent**

Name **LINDO, MAURICIO**

Street Address (P.O. Box Number is Not Acceptable)  
**19333 COLLINS AVE. APT: 1404**

City **SUNNY ISLES, FL** Zip Code **33160**

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 \_\_\_\_\_ (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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LINDO, MAURICIO</b> <b>19725 NE 24TH COURT</b> <b>N. MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LINDO, LUCY</b> <b>19725 NE 24TH COURT</b> <b>N. MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LINDO, MAURICE A.</b> <b>19725 N.E. 24TH CT</b> <b>N. MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LINDO, SUSAN</b> <b>19725 NE 24TH COURT</b> <b>N. MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LINDO, MAURICIO</b> <b>19333 COLLINS AVE. APT. 1404</b> <b>SUNNY ISLES, FL 33160</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LINDO, LUCY</b> <b>19333 COLLINS AVE. APT. 1404</b> <b>SUNNY ISLES, FL 33160</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LINDO, MAURICE</b> <b>1513 S.W. 2ND AVE.</b> <b>MIAMI, FL 33129</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LINDO, SUSAN</b> <b>203 WEST 87TH ST. APT. 35</b> <b>NEW YORK, NY 10024</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Mauricio Lindo* **04/28/00** **(305) 681-3646**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)