FILED 2002 UNIFORM BUSINESS REPORT (UBR) Feb 11, 2002 8:00 am P00000034781 DOCUMENT # **Secretary of State** 1. Entity Name KENDALL DIVERSIFIED INC. 02-11-2002 90144 050 ***150.00 Principal Place of Business Mailing Address 3900 S.W. 61ST AVENUE 3900 S.W. 61ST AVENUE MIAMI FL 33155 MIAMI FL 33155 tion of the brain tillings of 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0997381 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KENDALL, RONALD Street Address (P.O. Box Number is Not Acceptable) 3900 S.W. 61ST AVENUE MIAMI FL 33155 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11., ☐ Addition TITLE ☐ Delete TITLE Change KENDALL, RONALD NAME NAME 3900 SW 61ST AVE STREET ADDRESS STREET ADDRESS MIAMI FL 33155 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP TLE ☐ Change ☐ Addition ☐ Delete NAME MF REET ADDRESS STREET ADDRESS TY-ST-7IP CITY-ST-ZIP ☐ Change Addition LE TITLE ☐ Delete ΜE NAME STREET ADDRESS REET ADDRESS Y-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete

REET ADDRESS

-ST-7IP

13. I hereby certify that the information supplied with this filling does not qualify for the indicated on this report or supplemental report is true and accurate and that my of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address, with all other like empowered.

emption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ature shall have the same legal effect as if made under oath; that I am an officer or director ired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (9/01)