2001 UNIFORM BUSINESS REPORT (UBR)

May 03, 2001 8:00 am Secretary of State DOCUMENT # P0000055959 KENCO COMMUNITIES AT THE RANCH REALTY, INC. 05-03-2001 91129 012 ***158.75 Principal Place of Business Mailing Address 1000 CLINT MOORE ROAD #110 1000 CLINT MOORE ROAD #110 BOCA RATON FL 33487 BOCA RATON FL 33487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-1022551 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ENDELSON, KENNETH M Street Address (P.O. Box Number is Not Acceptable) 1000 CLINT MOORE ROAD SUITE 110 **BOCA RATON FL 33487** 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. SIGNATURE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PRESIDENT / SEC / D Addition TITLE □ Delete TITLE RICHARD FINKELSTEIN NAME STREET ADDRESS 1000 CLINT MOORE RD, STE 110 STREET ADDRESS CITY-ST-ZIE BOCA RATUN, FL 33487 CITY-ST-ZIP ☐ Change Addition Delete TITI F TITLE KENNETH M. ENDELSON NAME NAME 1000 CLINT MOORE RD., STE 110 STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP BOCA RATON ☐ Change Addition Э ☐ Delete TITLE TITLE TUDY MATTHEWS - GRAY NAME NAME 1000 CLINT MOORE RD, STE 110 STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP R470 N. FL 33487 ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR