

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2000 8:00 am**  
**Secretary of State**

04-29-2000 90009 002 \*\*\*158.75

**A0049649**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P94000064833**

1. Entity Name  
**KENCO CONSTRUCTION CORP.**

Principal Place of Business 1000 CLINT MOORE RD. SUITE 110 BOCA RATON FL 33487	Mailing Address 1000 CLINT MOORE RD. SUITE 110 BOCA RATON FL 33487-2847
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number **65-0521209** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**ENDELSON, KENNETH M.**  
**100 CLINT MOORE RD.**  
**SUITE 110**  
**BOCA RATON FL 33487**

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.

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>DP</b>	<input type="checkbox"/> Delete	TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ENDELSON, KENNETH M</b>		NAME <b>JUDY MATTHEWS GRAY</b>	
STREET ADDRESS <b>1000 CLINT MOORE RD., SUITE 110</b>		STREET ADDRESS <b>1000 CLINT MOORE RD, STE 110</b>	
CITY-ST-ZIP <b>BOCA RATON FL 33487</b>		CITY-ST-ZIP <b>BOCA RATON FL 33487</b>	
TITLE <b>DVST</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FINKELSTEIN, RICHARD</b>		NAME	
STREET ADDRESS <b>1000 CLINT MOORE RD., SUITE 110</b>		STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON FL 33487</b>		CITY-ST-ZIP	
TITLE <b>DV</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MARKS, EVAN M</b>		NAME	
STREET ADDRESS <b>888 7TH AVE.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>NEW YORK NY 10106</b>		CITY-ST-ZIP	
TITLE <b>DVS</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WEINER, ROSS S</b>		NAME	
STREET ADDRESS <b>888 7TH AVE.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>NEW YORK NY 10106</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Judy Matthews Gray Date: 4/25/00 Daytime Phone #: 561-997-5760

CR2E034 (9/99)