2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachn

SIGNATURE:

DOCUMENT # **P94000077576** Feb 10, 2000 8:00 am Secretary of State KENT INTEGRATED SYSTEMS, INC. 02-10-2000 90033 022 ***150.00 Principal Place of Business Mailing Address 14600 BISCAYNE BLVD. 14600 BISCAYNE BLVD. N. MIAMI BEACH FL 33181-1212 N. MIAMI BEACH FL 33181 11 0 0 A 1 0 10 0 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0532972 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent ALEXANDER, ORLY Street Address (P.O. Box Number is Not Acceptable) 14600 BISCAYNE BLVD. N. MIAMI BEACH FL 33181 Zip Code City FL 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 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, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE ☐ Delete TITLE ALEXANDER, SHLOMI NAME NAME 248 BAL BAY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BAL HARBOUR FL 33154** CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete **NEUMAN, GIL** NAME NAME 3661 N. 52ND AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD*FL*33021** ☐ Addition Change ☐ Delete TITLE ALEXANDER, ORLY NAME NAME STREET ADDRESS 248 BAL BAY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BAL HARBOUR FL 33154** ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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 trumer certify that I am an officer or director indicated on this report or supplementary eport is true and actuate 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 trustine empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if