

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90114 044 ***150.00

DOCUMENT # P97000067564

1. Entity Name
KENDALL Coffey, P. A.

Principal Place of Business Mailing Address
2665 So. BAYSHORE DR, #200
MIAMI, FLORIDA 33133

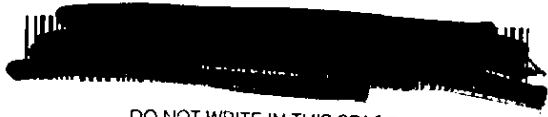
Principal Place of Business 3. Mailing Address
2665 So. BAYSHORE DR SAME AS #2
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#200

City & State City & State
MIAMI, FLORIDA FLORIDA

Zip Country Zip Country
33133 USA 33133 USA

6. Name and Address of Current Registered Agent
KENDALL Coffey
2665 So. BAYSHORE DR.
MIAMI, FL 33133

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0772454 Applied For Not Applicable

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

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEES IS \$150.00
 After MAY 11, 2000 Fee will be \$550.00
 Make checks payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete PRESIDENT KENDALL Coffey 2665 So. BAYSHORE DR. MIAMI, FL 33133 #200	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Kendall Coffey **KENDALL Coffey** 4/28/00 305-285-0800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #