

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90277 042 ***150.00

768409

DO NOT WRITE IN THIS SPACE

DOCUMENT # PA70000067564

1. Entity Name
 KENDALL COFFEY, P.A.
 2665 South Bayshore Dr. #200
 Miami, FL 33133

Principal Place of Business **Mailing Address**

2. Principal Place of Business **3. Mailing Address**

2665 So. Bayshore Dr.
 Suite, Apt. #, etc.
 PH2B

City & State **City & State**

Miami, Florida

Zip **Country** **Zip** **Country**

33133 Dade

4. FEI Number **Applied For**

65-0772454 **Not Applicable**

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

6. Name and Address of Current Registered Agent

Kendall Coffey
 2665 So. Bayshore Dr. PH2B
 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**

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)

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, 2001 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

TITLE NAME Director/President <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP Kendall Coffey, 2665 So. Bayshore Drive, PH2B, Miami, FL 33133
TITLE NAME <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP
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STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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, President 5/1/01 305-857-9797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)