

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90299 027 ***150.00

DOCUMENT # P97000083067

1. Entity Name
KENWOOD FARMS, INC.

Principal Place of Business
4000 NORTH FEDERAL HIGHWAY SUITE 204
BOCA RATON FL 33431
Mailing Address
4000 NORTH FEDERAL HIGHWAY SUITE 204
BOCA RATON FL 33431

00029774



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 65-0790887
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EMO CORPORATE SERVICES, INC.
100 NORTHEAST THIRD AVENUE SUITE 1100
FORT LAUDERDALE FL 33301

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
Signature, typed or printed name of registered agent and title if applicable. (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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Table with 7 rows for Officers and Directors. Includes fields for Title, Name, Street Address, and City-ST-ZIP. Includes a 'Delete' checkbox for each entry.

Table with 7 rows for Additions/Changes to Officers and Directors. Includes fields for Title, Name, Street Address, and City-ST-ZIP. Includes 'Change' and 'Addition' checkboxes for each entry.

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: Norman R. Rales Norman R. Rales 2/28/01 561-392-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)