FILED

(305) 378-0300

1/8/01

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Jan 18, 2001 8:00 am DOCUMENT # P9800006471 Secretary of State 1. Entity Name KENDALL EXPORT INC. 01-18-2001 90025 023 \*\*\*150.00 Principal Place of Business Mailing Address 13450 S.W. 126TH STREET 13450 S.W. 126TH STREET NO. 11 NO. 11 リリオエペン MIAMI FL 33173 MIAMI FL 33173 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0820509 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHITAKER, JOHN D Street Address (P.O. Box Number is Not Acceptable) 9370 SUNSET DRIVE, SUITE A-255 **MIAMI FL 33173** City 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 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 CR2E034 (10/00) TITLE ☐ Change ☐ Addition TITLE ☐ Delete GOLD, RICHARD W NAME NAME STREET ADDRESS STREET ADDRESS 13450 S.W. 126 STREET, NO. 11 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 ☐ Delete ☐ Change ☐ Addition TITLE TITLE GOLD, EDWARD J NAME NAME STREET ADDRESS 13450 S.W. 126 STREET, NO. 11 STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ 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 inclicated 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR