

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90180 017 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006771

1. Entity Name

KENT MANAGEMENT S.P., INC.

647384

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3531 North East 30th Ave.	3. Mailing Address 56 Maple Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Lighthouse Point, FL	City & State Warwick, RI	4. FEI Number 06-1505812	Applied For Not Applicable
Zip 33064	Country USA	Zip 02888	Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee RequiredDO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Corporation Service Company
 Street Address (P.O. Box Number is Not Acceptable)
 1201 Hays Street

City
Tallahassee FL Zip Code
32301-2525

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 of individual or registered agent and (if applicable)

(NOTE: Registered Agent signature required when changing)

Date

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

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 STREET ADDRESS CITY-ST-ZIP	P KENT, MICHAEL C. 3531 NORTH EAST 30TH AVENUE LIGHTHOUSE POINT, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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 on an attachment with an address, with or without like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

DATE

CR2E034B (12/01)