## 2003 FOR PROFIT CORPORATION

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)									FILED Apr 21, 2003 8:00 am Secretary of State				
DOCUMENT # P98000082832  1. Entity Name KENDALL EXPRESS, INC.								Secretary of State 04-21-2003 91049 030 ***150.00					
Principal Place 11230 SW 13 MIAMI FL 33			7628	ng Address SW 117TH AVENUE JII FL 33183									
Principal Place of Business     3. Mailing Address													
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & Stat	te		City	& State				4. FÉI	Number <b>65-0875906</b>	w -		plied For LApplicable	
Zip		Country	Zip		Coun	itry		5. Cert	ificate of Status Desired		75 Addi	itional	
	6. Name a	nd Address of Current	Register	ed Agent				7. Nam	e and Address of New Regis	stered Agent			
LEWIS, M	IA <i>T</i> EN	<del></del>	-			Name				سيه دد		<b>-</b>	
7628 SW 117TH AVENUE						Street Ad	Idress (F ———	P.O. Box 1	Number is Not Acceptable)				
MIAMI FL	. 33183	• •											
						City		FL Zip Code					
	e named entity : tions of register		or the purp	oose of changing its	registere	ed office or i	registere	d agent,	or both, in the State of Florida	. I am familia	ır with, a	and accept	
SIGNATURE .	Signature, typed or	printed name of registered agent	and title if an	plicable. (NOTE	: Registere	d Agent signatur	e required	when reinsta	ling)	DATE		{	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									Election Campaign Financ Trust Fund Contribution,	ing		May Be to Fees	
10.		OFFICERS AND	DIRECTO	PRS	11.			ADDIT	IONS/CHANGES TO OFFICER	RS AND DIRE	CTORS	IN 11	
TITLE NAME	PD LEWIS, MA	HFR	_	☐ Delete	TITLE	1				□ C	hange	☐ Addition	
		17TH AVENUE			STRE	ET ADDRESS -ST-ZIP			•				
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NAME STREET ADDRESS I				□ nekte	NAME STRE					ان ب	nange	□ Vagitioti	

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

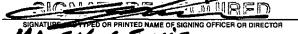
SIGNATURE: .

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



☐ Delete

4/10/03 305-279.2263 Date Dayting Phone #

☐ Addition

Change