

2000 UNIFORM BUSINESS REPORT (UBR)

2/26/00-90002-033-\$150.00-\$150.00


DOCUMENT # P99000107400
 1. Entity Name
KENT OF NAPLES, INC.

FILED

00 APR -3 AM 8:53

Principal Place of Business Mailing Address
C/O KENT SECURITY, INC. **C/O KENT SECURITY, INC.**
14600 BISCAYNE BLVD. **14600 BISCAYNE BLVD.**
NORTH MIAMI BEACH FL 33181 **NORTH MIAMI BEACH FL 33181**

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA




DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
05-0969437 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MIAMI CENTER REGISTERED AGENTS, INC.
201 S. BISCAYNE BLVD. 17TH FLOOR
MIAMI FL 33131

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. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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 STREET ADDRESS CITY-ST-ZIP	Shlomy ALEXANDER, Pres <input type="checkbox"/> Delete 14600 BISCAYNE BLVD. MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ONLY ALEXANDER V.P. <input type="checkbox"/> Delete 14600 BISCAYNE BLVD. MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GIL DEUBSON, V.P. Treas. <input type="checkbox"/> Delete 14600 BISCAYNE BLVD. MIAMI, FLORIDA 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 any other like empowered.

SIGNATURE: Shlomy Alexander V.P. Date: 2/16/2000 Daytime Phone #: (305) 919-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)