2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 23, 2002 8:00 am Secretary of State P00000103316 DOCUMENT # 1. Entity Name 04-23-2002 90379 050 ***158.75 KENCO COMMUNITIES AT MIRASOL, INC. Mailing Address Principal Place of Business 1000 CLINT MOORE ROAD #110 1000 CLINT MOORE ROAD #110 **BOCA RATON FL 33487 BOCA RATON FL 33487** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-1056563 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FINKELSTEIN, RICHARD Street Address (P.O. Box Number is Not Acceptable) 1000 CLINT MOORE ROAD #110 **BOCA RATON FL 33487** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Change ☐ Addition TITLE PDS Delete TITLE NAME FINKELSTEIN, RICHARD NAME STREET ADDRESS 1000 CLINT MOORE RD, STE 110 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33487** CITY-ST-ZIF ☐ Addition Change ☐ Delete TITLE **VPTD** TITLE ENDELSON, KENNETH M NAME NAME STREET ADDRESS 1000 CLINT MOORE RD, STE 110 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** Addition ☐ Change TITLE ☐ Delete NAME: # = -MATTHEWS-GRAY, JUDY STREET ADDRESS 1000 CLINT MOORE RD, STE 110 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33487** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TIT1 F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 appleass, with all other like propowered.

以常足D JUDY MATTHEWS-GRAY