## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 07, 2000 8:00 am Secretary of State **DOCUMENT # 478165** 1. Entity Name PETER KENT, INC. 09-07-2000 90004 045 \*\*\*150.00 Principal Place of Business Mailing Address 560 NW 27TH STREET 560 NW 27TH STREET MJAMI FL 33127-4128 MIAMI FL 33127-4128 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-1607122 Not Applicable -- Country ----Zio - - --- Country -----**\$8.75** Additional — 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KREUTZER, FRANKLIN D, ESQ. Street Address (P.O. Box Number is Not Acceptable) 3041 NW 7 STREET MIAMI FL Zip Code 8. The above named entity \$ bmits this etatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min, will be \$750.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition ☐ Delete TITLE Change TITLE KLINGER, MARK NAME STREET ADDRESS STREET ADDRESS 560 NW 27 STREET CITY-ST-ZIP CITY-ST-ZIP miami fl ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE

13. 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 truetee 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.

NAME

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE TESUIREMANC Klinger SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/00 305-576-2915

attachment doc # 12/18/65 \$

PETER KENT

560 NW 27TH STREET MIAMI, FL 33166 305-576-2915 305-576-7362 (fax)

August 25, 2000

Dear Friend,

As the new bookkeeper of this company I was tasked with ensuring that all payable invoices and taxes were promptly paid. However when I received recently the 2000 Uniform Business Report Form it stated that it was a second notice and that this company would be liable for a late filling fee. I spoke to the previous bookkeeper, Mr. Ramon Cisneros, and inquired of him if he had received the initial filing form and he replied that he had not. He assumed that it was late in the mail and that I would be receiving it after his departure. As I am new at this position I am unfamiliar with all the required reporting forms and rely on the State to send me the forms and their associated deadlines. This company has been in existence for many decades and has an unblemished record in paying its bills. I respectfully request that you consider waiving the late filing fee as this is my first notice of the filing fee. I've enclosed the standard filing fee amount and hope that you can accept this.

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Sincerely,

Ben Klinger - Co. Bookkeeper

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