

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 585886**

1. Entity Name

**KENLIN, INC.****FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90054 024 \*\*\*150.00

Principal Place of Business

1821 N.W. 18TH AVE. BLDG.41  
APT. 102 CB 136  
DELRAY BEACH FL 33445

Mailing Address

1821 N.W. 18TH AVE. BLDG.41  
APT. 102 CB 136  
DELRAY BEACH FL 33445-7407

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number **59-1853911**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WIESENBERG, PAUL M  
772 U.S. HWY #1 SUITE 200  
N PALM BEACH FL 33408**LEVINE & Prince**  
**21 East 40th St.**  
**Suite 1705**  
**New York, NY 10016**

7. Name and Address of New Registered Agent

Name **Caine, Ken**  
Street Address (P.O. Box Number is Not Acceptable)  
**8812 Lochmoor Road**  
City **Tampa** FL Zip Code **33635**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐**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 **PD** ☐ Delete  
NAME **GOLDBERG, IRVING**  
STREET ADDRESS **1821 NW 18TH AVE. BLDG 41, APT 102, CB 136**  
CITY-ST-ZIP **DELRAY BEACH FL 33445**TITLE **TDD** ☐ Delete  
NAME **GOLDBERG, ESTELLE**  
STREET ADDRESS **1821 NW 18TH AVE., BLDG. 41, APT 102 CB136**  
CITY-ST-ZIP **DELRAY BEACH FL 33445**TITLE **S** ☐ Delete  
NAME **CAINE, KEN**  
STREET ADDRESS **8812 LOCHMOOR RD**  
CITY-ST-ZIP **TAMPA FL**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)