

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91602 022 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F01000005611

1. Entity Name

Kenwood Associates, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4041 Powder Mill Road

3. Mailing Address

Same

7. Suite, Apt. #, etc.

204

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Calverton, Maryland

City & State

4. FEI Number

54-1522079

Applied For

Not Applicable

Zip
20705

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Richard A. Bandish

Street Address (P.O. Box Number is Not Acceptable)

4000 North Federal Highway, Suite 204

City
Boca Raton

FL

Zip Code
33431

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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
P/S/T/D
Morris E. Sampson
4041 Powder Mill Road #204
Calverton, Maryland 20705

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
Robert A. Rinaldi, Jr.
4041 Powder Mill Road, #204
Calverton, Maryland 20705

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Richard A. Bandish
4000 North Federal Hwy, #204
Boca Raton, Florida 33431

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert A. Rinaldi, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/02
Date

301-595-1991
Daytime Phone #

CR2E034B (12/01)