

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G27334

1. Entity Name

ALL KENDALL T.V. SERVICES INC.

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90271 021 ***150.00

Principal Place of Business

13770 N. KENDALL DR.
MIAMI FL 33186

Mailing Address

13770 N. KENDALL DR.
MIAMI FL 33186

2. Principal Place of Business

13435 SW 128 STREET

3. Mailing Address

13435 SW 128 STREET

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

102

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33186

Country

Zip

33186

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2266883

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLANCO, HERIBERTO E.

11055 SW 126 ST

MIAMI FL 33176

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

HERIBERTO E. BLANCO PRESIDENT 04/17/2001

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD ☐ Delete
NAME BLANCO, SANDRA TOBIASSON
STREET ADDRESS 11055 SW 126TH ST
CITY-ST-ZIP MIAMI FL

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

TITLE PTD ☐ Delete
NAME BLANCO, HERIBERTO E.
STREET ADDRESS 11055 SW 126TH ST
CITY-ST-ZIP MIAMI FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ 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 #

HERIBERTO E. BLANCO 04/17/2001 (305) 251-1878

CR2E034 (10/00)