

2002 UNIFORM BUSINESS REPORT (UBR)

0058334 AV

DOCUMENT # K44894

1. Entity Name
MT. KENYA, INC.

FILED

02 DEC -2 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~500 NW 165 ST RD~~
~~SUITE 311~~
~~MIAMI FL 33109~~
~~US~~

Mailing Address

~~500 NW 165 ST RD~~
~~SUITE 311~~
~~MIAMI FL 33109~~
~~US~~

2. Principal Place of Business

1380 NE Miami Gardens Dr.

Suite, Apt. #, etc.
Suite 250

City & State
Miami, FL

Zip
33179

Country
USA

3. Mailing Address

same as

Suite, Apt. #, etc.

City & State

Zip

Country



REINSTATEMENT

4. FEI Number
65-0179930

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FRAYND, LINDA STEIN

~~500 NW 165 ST RD~~
~~SUITE 311~~
~~MIAMI FL 33109~~

7. Name and Address of New Registered Agent

Name

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

1380 NE Miami Gardens Drive
Suite 250

City
Miami

FL

Zip Code
33179

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11/25/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
NAME FRAYND, LINDA STEIN
STREET ADDRESS ~~500 NW 165TH ST #311~~
CITY-ST-ZIP MIAMI-FL ☐ Delete

TITLE SVD
NAME FRAYND, PAUL
STREET ADDRESS ~~500 NW 165TH ST~~ OK
CITY-ST-ZIP MIAMI-FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 1380 NE Miami Gardens Dr. # 250
CITY-ST-ZIP North Miami Beach, FL 33179 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 1380 NE Miami Gardens Dr. # 250
CITY-ST-ZIP North Miami Beach, FL 33179 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 900008591589
CITY-ST-ZIP 10/25/02--01041--017 **550.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 900008591589
CITY-ST-ZIP 11/13/02--01015--018 **200.00 ☐ Change ☐ Addition

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

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

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 #

11/5/02

(305) 940-5046

CR2E034 (4/02)