2001 UNIFORM BUSINESS REPORT (UBR)

Apr 09, 2001 8:00 am Secretary of State **DOCUMENT # K48439** KENDRICK INVESTMENTS, INC. 04-09-2001 90038 036 ***150.00 Principal Place of Business Mailing Address % MICHAEL ORTIZ % MICHAEL ORTIZ 328 MINORCA AVE 2 FL 328 MINORCA AVE 2 FL CORAL GABLES FL 33134 **CORAL GABLES FL 33134** 2. Principal Place of Business 3. Mailing Address 2600 Douglas Road 2600 Douglas Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE PH 6 PH 6 City & State City & State Applied For 4. FEI Number 59-2922716 Not Applicable Coral Gables, FL Coral Gables, FL Country \$8.75 Additional 5. Certificate of Status Desired 33134 USA 33134 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Michael Ortiz ORTIZ, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 2600 Douglas Road 328 MINORCA AVE 2 FL CORAL GABLES FL 33134 PH 6 Coral Gables, ^{Zig} 등여명 4 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 Michael Olas SIGNATURE (NOTE: Registered Agent signature required when reinstating) printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE Delete TITLE NAME ORTIZ. MICHAEL NAME 2600 Douglas Road - PH 6 STREET ADDRESS STREET ADDRESS 328 MINORCA AVE 2 FL Coral Gables, FL 33134 CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL 33134** Change ☐ Addition ☐ Delete TITLE TITLE BENITEZ, LISSETTE NAME NAME 2600 Douglas Road - PH 6 STREET ADDRESS STREET ADDRESS 328 MINORCA AVE 2 FL Coral Gables, FL 33134 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Addition ☐ Chance ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE Change ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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305 476 5270

Daytime Phone #

CR2E034 (10/00)