

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2001 8:00 am
Secretary of State

01-29-2001 90111 023 ***150.00

DOCUMENT # K56089			
1. Entity Name KENDALL COMMUNICATIONS INC.			
Principal Place of Business 11410 SW 81 ROAD 11410 SW 81 ROAD MIAMI FL 33156 US		Mailing Address 11410 SW 81 ROAD MIAMI FL 33156	
2. Principal Place of Business 11400 SW 81 ROAD		3. Mailing Address 11400 SW 81 ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIA FLA.		City & State MIA FLA.	
Zip 33156		Country USA	
4. FEI Number 65-0104393		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCIARRONE, JOSEPH J. 7125 SUNSET DRIVE MIAMI FL 33143		7. Name and Address of New Registered Agent Name Joseph J. Sciarrone Street Address (P.O. Box Number, Not Applicable) 11400 SW 81 ROAD City MIA FL Zip Code 33156	
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 J. Sciarrone DATE 1/18/01 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCIARRONE, JOSEPH J. 11410 SW 81 ROAD MIAMI FL 33150 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11400 SW 81 RD,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCIARRONE, GEORGE R. 14155 SW 87TH ST E-105 MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCIARRONE, CYNTHIA L. 7125 SUNSET DRIVE MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Joseph Sciarrone		Date 2/18/01 Daytime Phone # 305259-9070	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

CR2E034 (10/00)