

FILED  
Jan 27, 2002 8:00 am  
Secretary of State

01-27-2002 90036 028 \*\*\*150.00

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

DOCUMENT # *m37215*

1. Entity Name

504 KENILWORTH CORP.

**DO NOT WRITE IN THIS SPACE**

910571

2. Principal Place of Business

10205 Collins Ave.

Suite, Apt. #, etc.

Unit 504

City & State

Bal Harbour, FL

Zip  
33154

Country

U.S.A.

3. Mailing Address

10205 Collins Ave.

Suite, Apt. #, etc.

Unit 504

City & State

Bal Harbour, FL

Zip  
33154

Country

U.S.A.

4. FEI Number

59-2806051

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Pesca de Gohman

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

10205 Collins Ave.

Unit 504

City

Bal Harbour

FL

Zip Code

33154

**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

*Pesca Gohman*

PESEA DE GOHMAN

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

(NOTE: Registered Agent signature required when reinstating)

1/14/2002  
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  
DPST  
Gohman, Pesca  
10205 Collins Ave., #504  
Bal Harbour, FL 33154

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
VD  
Hager, Shirley  
10205 Collins Ave., #504  
Bal Harbour, FL 33154

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
VD  
Zighelboim, Racquel  
10205 Collins Ave., #504  
Bal Harbour, FL 33154

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP

TITLE  
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Pesca Gohman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/2002  
Date

Daytime Phone #

CR2E034B (12/01)