

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90078 002 ***150.00

DOCUMENT # M90631

1. Entity Name

KENMORE EXECUTIVES, INC.

Principal Place of Business

**1 SO. OCEAN BLVD., #306
 BOCA RATON FL 33432**

Mailing Address

**1 SO. OCEAN BLVD., #306
 BOCA RATON FL 33432**

2. Principal Place of Business

2821 SPANISH RIVER RD.

Suite, Apt. #, etc.

3. Mailing Address

2821 SPANISH RIVER RD.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FL.

City & State

BOCA RATON, FL.

4. FEI Number

65-0061908

Applied For

Not Applicable

Zip

33432

Country

PALESTINE

Zip

33432

Country

PALESTINE

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LOPRETE, LAWRENCE D
 2821 SPANISH RIVER ROAD
 BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name **MARILYN LOPRETE**

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

2821 SPANISH RIVER RD

City **BOCA RATON**

FL

Zip Code **33432**

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 **MARILYN LOPRETE - Marilyn Loprete President**

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

(NOTE: Registered Agent signature required when reinstating)

02/14/02

DATE

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, 2002 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

TITLE **P** ☒ Delete
 NAME **LOPRETE, LAWRENCE D**
 STREET ADDRESS **2821 SPANISH RIVER RD**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **ST** ☒ Delete
 NAME **LOPRETE, MARILYN**
 STREET ADDRESS **2821 SPANISH RIVER RD**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **LOPRETE, MARILYN**
 STREET ADDRESS **2821 SPANISH RIVER RD**
 CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE ☐ Change ☐ Addition
 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: **MARILYN LOPRETE** **MARILYN LOPRETE, Pres.** **02/14/02** **561-392-0700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)