

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90021 021 ****50.00

DOCUMENT # M98000000848

1. Entity Name

KENWOOD FINANCIAL, LLC

Principal Place of Business

**4000 NORTH FEDERAL HIGHWAY, SUITE 204
 BOCA RATON FL 33431**

Mailing Address

**4000 NORTH FEDERAL HIGHWAY, SUITE 204
 BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0800748

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**EMO CORPORATE SERVICES, INC.
 100 N.E. THIRD AVE., SUITE 1100
 FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

**Corporation Company of Miami
 Street Address (P.O. Box Number is Not Acceptable)
 c/o Shuttles and Bowen LLP
 201 S. Biscayne Blvd., Suite 1500
 City MIAMI, FL Zip Code 33131**

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

Attorney G. Zappone **Assistant Secretary** **2/25/02**
 Signature of the registered agent and the authorized representative (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	RALES, NORMAN R	
STREET ADDRESS	4000 NORTH FEDERAL HIGHWAY, SUITE 204	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Norman R. Rales* **3/28/02** **56-392-3333**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0015621

CR2E083 (9/01)