8/10/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2001 8:00 am
Secretary of State
08-10-2001 90002 040 ****61.25

DOCUMENT # N00000005791

1. Entity Name

KEMP COMMUNITY SERVICES INC.

Principal Place of Business	Mailing Address
2340 SOUTH STATE ROAD 7 MIRAMAR FL 33023	PO BOX 471614 MIAMI FL 33247

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2111 SW 60 Way	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miramar FL	City & State
Zip: 33023 Country: USA	Zip Country

4. FEI Number: 65-1040605 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ADERINOKUN, ADEOLA C 2340 SOUTH STATE ROAD 7 MIRAMAR FL 33023	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 **After September 12, 2001, min. will be $236.25**	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Adeola C AderinoKun 2111 SW 60 way Miramar FL 33023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Joseph Faluade 2111 SW 60 Way Miramar FL 33023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Christina Ajebike 2111 SW 60 Way Miramar FL 33023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (5/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 8/6/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #