NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JAN 17 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # "2003" N02000005795

1. Entity Name: Kendall Jaycees Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12240 SW 117 Terrace	12240 SW 117 Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Florida	City & State: Miami Florida
Zip: 33186 Country: Dade	Zip: 33186 Country: Dade

01/08/03 90071-012 -$ 70.00

4. FEI Number: 02-0635721 ☐ 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: Patrick Knight

Street Address (P.O. Box Number is Not Acceptable): 1717 N. Bayshore Drive Apt#3038

City: Miami FL Zip Code: 33132

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Patrick Knight — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE: Jan 2, 2003

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	President/Director	TITLE	
NAME	Geraldine Dick	NAME	
STREET ADDRESS	9621 SW 77th Ave., Apt#B205	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33156	CITY-ST-ZIP	
TITLE	Vice President/Director	TITLE	
NAME	Kathy Ortiz	NAME	
STREET ADDRESS	1025 NW 4th street	STREET ADDRESS	
CITY-ST-ZIP	miami, FL 33126	CITY-ST-ZIP	
TITLE	President Advisor/Director	TITLE	
NAME	Patrick Knight	NAME	
STREET ADDRESS	1717 N. Bayshore Drive #3038	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33132	CITY-ST-ZIP	**DO NOT WRITE**
TITLE	Treasurer/Trustee	TITLE	
NAME	Pamela R Cortes	NAME	**IN THIS SPACE**
STREET ADDRESS	12240 SW 117 Terrace	STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33186	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Pamela R Cortes — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: Jan 2, 2003 — Daytime Phone #: (305) 344-8296