

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90053 015 \*\*\*\*61.25

**DOCUMENT # N45081**

1. Entity Name

**KENDALL NETWORKERS, INC.**

00005036



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>8603 S DIXIE HWY SUITE 408 MIAMI FL 33143</b>	Mailing Address <b>8603 S DIXIE HWY SUITE 408 MIAMI FL 33143-7807</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0270071</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SIMON, GARY P.**  
**9100 S DADELAND BLVD**  
**SUITE 504**  
**MIAMI FL 33156**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees.	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STEIN, MARVIN</b> <b>8603 S DIXIE HWY</b> <b>MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STENBACK, JEFFREY</b> <b>8720 N. KENDALL DR., SUITE 206</b> <b>MIAMI FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EISENBERG, ALAN</b> <b>5900 SW 73 STREET, SUITE 207</b> <b>MIAMI FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SALISBURY, DAVID</b> <b>8875 SW 131 ST</b> <b>MIAMI FL 33176</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SIMON, GARY</b> <b>9100 S. DADELAND BLVD., SUITE 504</b> <b>MIAMI FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MITCHELL, SARA</b> <b>9460 S.W. 123 AVE CT.</b> <b>MIAMI FL</b>	<input checked="" type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>Alan Eisenberg</b> <b>5900 SW 73 ST</b> <b>Suite 207</b> <b>Miami, FL 33143</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>President</b>
<b>Linda Roben</b> <b>9875 Sunset Dr.</b> <b>Miami, FL 33173</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Vice President</b>
<b>Penny Levenson</b> <b>9350 S. Dixie Hwy</b> <b>MIAMI, FL 33156</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Treasurer</b>
<b>Jeffrey Stenback</b> <b>8720 N. Kendall Dr.</b> <b>Ste. 206</b> <b>MIAMI, FL 33176</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Director</b>
<b>Harold Bernstein</b> <b>11410 N. Kendall Dr. Ste. 207</b> <b>MIAMI, FL 33176</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Director</b>

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: Penny Levenson **Penny Levenson** 1/8/00 305-670-0200  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)