

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90148 024 ****61.25

0040018

DOCUMENT # N45081

1. Entity Name

KENDALL NETWORKERS, INC.

Principal Place of Business

Mailing Address

8603 S DIXIE HWY
 SUITE 408
 MIAMI FL 33143

8603 S DIXIE HWY
 SUITE 408
 MIAMI FL 33143

00012227



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0270071

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

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	D	<input type="checkbox"/> Delete
NAME	STEIN, MARVIN	
STREET ADDRESS	8603 S DIXIE HWY	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STENBACK, JEFFREY	
STREET ADDRESS	8720 N. KENDALL DR., SUITE 208	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	EISENBERG, ALAN	
STREET ADDRESS	5900 SW 73 STREET, SUITE 304	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROBEN, LINDA	
STREET ADDRESS	9875 SUNSET DR	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEVENSON, PENNY	
STREET ADDRESS	9350 S DIXIE HWY	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERNSTEIN, HAROLD	
STREET ADDRESS	11410 N KENDALL DR STE 207	
CITY-ST-ZIP	MIAMI FL 33176	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRIS (openhagen)	
STREET ADDRESS	12515 Kendall Dr. ste 100	
CITY-ST-ZIP	Miami, FL-33186	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Very Lopez	
STREET ADDRESS	10661 N. Kendall Dr. #214	
CITY-ST-ZIP	Miami, FL-33176	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Celia Canabata	
STREET ADDRESS	6796 SW 62 Ave	
CITY-ST-ZIP	S. Miami, FL-33143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/01 305-668-8440

Date Daytime Phone #

CR2E037 (10/00)