

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90019 032 ****61.25

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

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

65-0270071

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

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 checked="" type="checkbox"/> Delete
NAME	STENBACK, JEFFREY	
STREET ADDRESS	8720 N. KENDALL DR., SUITE 206	
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 checked="" type="checkbox"/> Delete
NAME	ROBEN, LINDA	
STREET ADDRESS	9875 SUNSET DR	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	T	<input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Roben	
STREET ADDRESS	1780 North Krone Ave	
CITY-ST-ZIP	Homestead, FL 33030	
TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Penny Levenson	
STREET ADDRESS	9350 So Dixie Hwy	
CITY-ST-ZIP	Miami, FL 33156	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martha Rothaus	
STREET ADDRESS	8781 S.W. 85 Terrace	
CITY-ST-ZIP	Miami, FL 33173	
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)(f), 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: *Martha Rothaus* 1/9/02 305-279-6548

CR2E037 (9/01)