

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 17, 2003 8:00 am  
Secretary of State

02-17-2003 90237 018 \*\*\*\*61.25

**DOCUMENT # N45081**

1. Entity Name  
**KENDALL NETWORKERS, INC.**



Principal Place of Business  
**8603 S DIXIE HWY  
SUITE 408  
MIAMI FL 33143**

Mailing Address  
**8603 S DIXIE HWY  
SUITE 408  
MIAMI FL 33143**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0270071** Applied For   
Not Applicable

5. Certificate of Status Desired  **\$8.75** 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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>ROBEN, LINDA</b> <b>1780 NORTH KROME AVE</b> <b>HOMESTEAD FL 33030</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 304</b> <b>MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>LEVENSON, PENNY</b> <b>9350 SO DIXIE HWY</b> <b>MIAMI FL 33156</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ROTHAUS, MARTHA</b> <b>8781 S.W. 85 TERRACE</b> <b>MIAMI FL 33173</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BERNSTEIN, HAROLD</b> <b>11410 N KENDALL DR STE 207</b> <b>MIAMI FL 33176</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Irui Copenhagen</b> <b>15016 S.W. 148 Street</b> <b>Miami, FL 33196</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Alan Eisenberg</b> <b>5900 S.W. 73 Street Suite 304</b> <b>Miami, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Mel Sandberg</b> <b>7400 W. Kendall Dr. Suite 110</b> <b>Miami, FL 33156</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: NAT MARTHA ROTH AUS 2/13/03 305-710 6819