

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90104 025 \*\*\*150.00

**DOCUMENT # P00000047735**

**1. Entity Name**  
**KENSINGTON ENTERPRISES, INC.**



**Principal Place of Business**  
**C/O 782 NW LEJEUNE ROAD**  
**SUITE 548**  
**MIAMI FL 33126**

**Mailing Address**  
**9475 JOURNEY'S END ROAD**  
**MIAMI FL 33156**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **65-0137731**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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

**MARQUEZ, JOSE M ESQ.**  
**782 NW LEJEUNE ROAD**  
**SUITE 548**  
**MIAMI FL 33126**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GUERRA, ARMANDO J</b>	
STREET ADDRESS	<b>9475 JOURNEY'S END ROAD</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33156</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>GUERRA, MARIA C</b>	
STREET ADDRESS	<b>9475 JOURNEY'S END ROAD</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33156</b>	
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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 607, 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 ARMANDO J GUERRA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)