FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

03-24-2003 91013 034 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000067142

1. Entity Name
KENT MANAGEMENT SYSTEMS,INC.

DO NOT WRITE IN THIS SPACE

[redacted]
55055595

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3233 PALM AVE	
Suite, Apt. #, etc. 3rd FLOOR	Suite, Apt. #, etc.
City & State HIALEAH, FLORIDA	City & State
Zip 33012	Country USA
Zip	Country

4. FEI Number
65-1021385
☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name JOSE M GARCIA

Street Address (P.O. Box Number Is Not Acceptable)

2260 SW 8th STREET

City MIAMI FL Zip 33135

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)

FEE: January 1 - May 1 Fee is $150.00
After May 1st Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	LUIS CRUZ 3233 PALM AVE HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOSE M. GARCIA 3233 PALM AVE HIALEAH, FL 33012
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CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/20/03 (305)642-0590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

KENT MANAGEMENT SYSTEMS, INC.
2260 SW 10TH STREET
MIAMI FLORIDA 33135

Miami, August 25, 2003

55055595
#P00000067142

To: Florida Department of State
Division of Corporation
P.O.Box 1500
Tallahassee, Florida 32302

From: Kent Management, Inc.
2260 S.W 8th Street 3rd Floor
Miami, Florida 33135

Ref: Corporation Annual Report
P00000067142

Dear Sir or Madam:

As per your request we fixed the error you find in our annual report previously filed, please waive the late fee of $ 400.00 do to this clerical error. Enclosed to this letter is a copy of the check we previously sent we the original document.

Please correct your records accordingly.

We are very sorry to cause you this inconvenience and we are grateful for your understanding.

Jose M. Garcia
CCO