

2001 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jul 13, 2001 8:00 am
Secretary of State

05-14-2001 90254 023 ***150.00

DOCUMENT # P00000084888

1. Entity Name

KENDAN ENTERPRISES, INC.

Principal Place of Business

5811 WEST VINE STREET
 SUITE 219-221
 KISSIMEE FL 34746

Mailing Address

5811 WEST VINE STREET
 SUITE 219-221
 KISSIMEE FL 34746

2. Principal Place of Business

4301 West Vine St

Suite, Apt. #, etc.

Suite E-69-73

City & State

Kissimmee FL

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

Country

4. FEI Number

59-3662068

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MASCARENHAS, DANNY
 4325 SOUTH TEXAS AVENUE
 APT. 109
 ORLANDO FL 32839

7. Name and Address of New Registered Agent

Name

Same As below

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

Danny

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	MASCARENHAS, DANNY	
STREET ADDRESS	4325 SOUTH TEXAS AVE., APT. 109	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MASCARENHAS, KENNETH R	
STREET ADDRESS	4325 SOUTH TEXAS AVE., APT. 109	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12517 Winfield Scott Blvd	
STREET ADDRESS	Orlando FL 32836	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME AS ABOVE	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Danny

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

Daytime Phone #

CR2E034 (10/00)



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

Attachment
P00000084888
76359

May 24, 2001

KENDAN ENTERPRISES, INC.
4301 W. VINE ST
SUITE E-69-73
KISSIMMEE, FL 34746

Subject: KENDAN ENTERPRISES, INC.

Reference Number: P00000084888

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/SR
ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314