## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 11, 2001 8:00 am Secretary of State DOCUMENT # P0000103316 KENCO COMMUNITIES AT MIRASOL, INC. 05-11-2001 90018 047 \*\*\*158.75 Principal Place of Business Mailing Address 1000 CLINT MOORE ROAD #110 1000 CLINT MOORE ROAD #110 **BOCA RATON FL 33487 BOCA RATON FL 33487** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1056563 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FINKELSTEIN, RICHARD Street Address (P.O. Box Number is Not Acceptable) 1000 CLINT MOORE ROAD #110 **BOCA RATON FL 33487** City 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PID/5 TITI F ☐ Delete TITLE NAME NAME RICHARD FINKELSTEIN 1000 CLINT MODRE RDS STE 110 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BOCA RATON FL 33487 VP/T/D Change ☐ Delete TITLE Addition NAME KENNETH M. ENDELSON 1000 CLINT MOURE RD, STE 110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON Ď TITLE ☐ Delete TITLE ☐ Change 4 Addition JUDY MATTHEWS GRAY NAME NAME 1000 CLINT MOORE RO. STE 110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP BOCA RATON 33487 TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

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