2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 24, 2002 8:00 am

DOGUMENT # P01000008861					Secretary of State	
1. Entity Name					05-24-2002 91346 013 ***150.00	
KENO A	AMUSEMENT, CORP.			•		
6538 Collins Ave Ste 427 6538 Collins Ave Ste 427 Miami Beach Fl 33141 Miami Beach Fl 33141						
2. Principal Pi	ace of Business	3. Mailing Address			-	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number 65–1070051	Applied For Not Applicable
Zip	Country	Zip~ Country		iry	5. 'Certificate of Status Desired	
ODI ANDO A CORDONEC				7. Name and Address of Current Registered Agent		
ORLANDO A CORDOVES 6538 Collins Avenue Suite 427				Street Address	(P.O. Box Number is Not Acceptable)	
Miami Beach Florida 33141						
·		(Sv. '	<u>.</u>	City	FL	Zip Code
8. The above	named entity submits this statement to	r the purpose of changing i	ls registere	ed office or registe	ered agent, or both, in the State of Florida.	
	,	, ,				(
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NO	OTE: Nogislere	l Agent signature require	ed when reinstaling) DATE	
Tax filing o	oration is eligible to satisfy its Intangible equirement and elects to do so. in on back)	January 1 After Ma Amend Make Check Pays	y 1, Fee I ed UBR i	s \$550.00	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11.	OFFICERS AND	DIRECTORS				
TITLE	DP		TITLE			
MAME	CORDOVES, ORLANDO A.		NAME	ET ADDRESS		
STREET ADDRESS CHY-ST-ZIP	0000 COTTING AVENUE DEE 427			-ST-ZIP		
	Miami Beach Fl 3314		inte		3	
HAME			. NAME			
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IIILE			TITLE			
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HAME			NAMI			
STREET AUDRESS				ET ADDRESS -ST-ZIP		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
CHY-SI-ZIP						
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CHY-ST-ZIP			CITY	- S1 - ZIP		
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STREET ADDRESS				ET ADDRESS		
CHY+S1+209			5	· \$1 - ZiP	Continue (10 07/3V) Florida Statutas Thurther carl	ify that the information
13. Thereby	certify that the information supplied wit	n this filing does not qualify.	for the exc	impuon stated in S	Section 119.07(3)(i), Florida Statutes, Hurther cert	in an officer or director

review your properties and that the information supplied with this iming does not quality for the exemption stated in Section 113.07(4)(b), menua statutes. Further certify that it am an officer or director indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 on an attachment with an address, with all other like empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/2002

362-9139

Daytime Phone #