

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90165 044 ***150.00

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DOCUMENT # P01000083063

1. Entity Name
KERNEL LITE, INC.



Principal Place of Business
**321 NE 1ST CT., #207
HALLANDALE FL 33009**

Mailing Address
**321 NE 1ST CT., #207
HALLANDALE FL 33009**

2. Principal Place of Business
901 NE 14TH AVE.

3. Mailing Address
P.O. BOX 3355

Suite, Apt. #, etc.
302

Suite, Apt. #, etc.

City & State
HALLANDALE, FL

City & State
HALLANDALE, FL

4. FEI Number
65-1135935

Applied For
Not Applicable

Zip
33009

Country
U.S.A.

Zip
33008-3355

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ESCALONA, LUIS A
321 NE 1ST CT., #207
HALLANDALE FL 33009**

Name
ESCALONA, LUIS A.

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

901 NE 14TH AVE.

302

City
HALLANDALE

FL Zip Code
33009

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]

4/29/03

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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P. ESCALONA, LUIS A
320 NE 1ST COURT #207
HALLANDALE FL 33009** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P. ESCALONA, LUIS A.
901 NE 14TH AVE #302
HALLANDALE, FL 33009** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

(954) 394-8833

Date

Daytime Phone #

CR2E034 (10/02)