

05-01-2003 90289 002 ***61.25

FILED
P01000091460
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 27 PM 1:17

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # *P01000091460*1. Entity Name
STUDY ~~ZONE~~ OF KENDALL, INC**DO NOT WRITE IN THIS SPACE**2. Principal Place of Business
7506 S.W. 117 AVE.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State

Zip
*33183*Country
USA

Zip

Country

4. FEI Number
65-1139870

Applied For

Not Applicable

5. Certificate of Status Duesed ☐ \$8.75 Additional Fee Required**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *MURRAY DANZ*

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

*10209 SPYGLASS WAY*City *BOCA RATON*

FL

Zip Code *33498*

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 OF OFFICER OR DIRECTOR (NOTE: If the officer or director is a corporation, the signature must be in the name of the corporation)

(NOTE: If the officer or director is a corporation, the signature must be in the name of the corporation)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 - Fee is \$350.00

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	<i>P D</i>
NAME	<i>MURRAY DANZ</i>
STREET ADDRESS	<i>10209 SPYGLASS WAY</i>
CITY-ST-ZIP	<i>BOCA RATON, FL 33498</i>
TITLE	<i>CEO & D</i>
NAME	<i>ARNOLD LEVINE</i>
STREET ADDRESS	<i>10478 STONEBRIDGE BLVD.</i>
CITY-ST-ZIP	<i>BOCA RATON, FL 33498</i>
TITLE	<i>D</i>
NAME	<i>JOSHUA GOLDSTEIN</i>
STREET ADDRESS	<i>66 TRANQUILITY ROAD</i>
CITY-ST-ZIP	<i>SUFFERN, NY 10901</i>
TITLE	<i>D</i>
NAME	<i>ADAM WACHTEL</i>
STREET ADDRESS	<i>264 PINE RD.</i>
CITY-ST-ZIP	<i>BRAECREE MANOR, NY 10510</i>
TITLE	<i>3</i>
NAME	<i>IRENE DANZ</i>
STREET ADDRESS	<i>10209 SPYGLASS WAY</i>
CITY-ST-ZIP	<i>BOCA RATON, FL 33498</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

*Delete Arnold Levine
Enclosed find \$61.25 to cover
costs.*

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Irene Danz**4/16/03**561-451-9907**4/28/03**561-451-9907*

CRZE034B (12/02)