

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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|---|--------------------------|---|--|
| DOCUMENT # P02000022157 1. Entity Name KENDALL SERVICES, INC | | <div style="font-size: 1.2em; font-weight: bold;">FILED</div> <div style="font-size: 1.1em;">04 MAY 13 PM 6:13</div> <div style="font-size: 0.9em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> | |
| DO NOT WRITE IN THIS SPACE | | | |
| 2. Principal Place of Business 11401 SW 40 STREET <small>Suite, Apt. #, etc.</small> SUITE 250 A <small>City & State</small> MIAMI FL <small>Zip</small> 33125 | | 3. Mailing Address 11401 SW 40 STREET <small>Suite, Apt. #, etc.</small> SUITE 250 A <small>City & State</small> MIAMI FL <small>Zip</small> 33125 | |
| | | DO NOT WRITE IN THIS SPACE | |
| | | 4. FEI Number 65-0947707 <div style="float: right; border: 1px solid black; padding: 2px;"><small>Applied For</small> <small>Not Applicable</small></div> | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| DO NOT WRITE IN THIS SPACE | | 7. Name and Address of Current Registered Agent <small>Name</small> ALEXIS BERENGUER <small>Street Address (P.O. Box Number is Not Acceptable)</small> 725 NW 126 COURT <div style="display: flex; justify-content: space-between;"><div><small>City</small> MIAMI</div><div><small>FL</small></div><div><small>Zip Code</small> 33165</div></div> | |
| 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. <div style="display: flex; justify-content: space-between;"><div><small>SIGNATURE</small> <small>Signature, typed or printed name of registered agent and title if applicable.</small></div><div>ALEXIS BERENGUER <small>(NOTE: Registered Agent signature required when reinstating)</small></div><div>04/26/04 <small>DATE</small></div></div> | | | |
| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | |
| <small>TITLE</small> | PD | <small>TITLE</small> | |
| <small>NAME</small> | BERENGUER, ALEXIS | <small>NAME</small> | |
| <small>STREET ADDRESS</small> | 725 NW 126 COURT | <small>STREET ADDRESS</small> | |
| <small>CITY - ST - ZIP</small> | MIAMI, FL 33182 | <small>CITY - ST - ZIP</small> | |
| <small>TITLE</small> | | <small>TITLE</small> | |
| <small>NAME</small> | | <small>NAME</small> | |
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| <small>CITY - ST - ZIP</small> | | <small>CITY - ST - ZIP</small> | |
| 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)(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 on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | ALEXIS BERENGUER <small>Date</small> 04/26/04 <small>Daytime Phone #</small> 305-223-7668 | |