

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000022157

1. Entity Name  
KENDALL SERVICES INC.



03 APR -1 AM 6:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
11880 SW 40 STREET #416  
MIAMI FL 33175

Mailing Address  
11880 SW 40 STREET #416  
MIAMI FL 33175

2. Principal Place of Business

11401 SW 40 ST #250A

3. Mailing Address

11401 SW 40 ST #250A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

250 A

250 A

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33165

USA

33165

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

650947707

Applied For

Not Applicable

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

BERENGUER, ALEXIS  
725 NW 126 COURT  
MIAMI FL 33182

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Alexis Berenguer ALEXIS BERENGUER

3/26/3

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 PD  
NAME BERENGUER, ALEXIS  
STREET ADDRESS 725 NW 126 COURT  
CITY-ST-ZIP MIAMI FL 33182

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200018671992  
05/09/03--01045--021 \*\*158.75

☐ Change ☐ Addition

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☐ 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: Alexis Berenguer ALEXIS BERENGUER 3/27/3 305-223-7668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)