


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90481 047 ***163.75

0228379 AV

DOCUMENT # P02000114553	
--------------------------------	---

1. Entity Name
KENNTIS CORPORATION

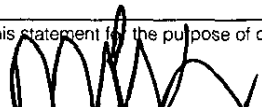
Principal Place of Business
**1414 PONCE DE LEON BLVD.
CORAL GABLES FL 33134**

Mailing Address
**1414 PONCE DE LEON BLVD.
CORAL GABLES FL 33134**



2. Principal Place of Business 5201 BLUE LAGOON DRIVE		3. Mailing Address 5201 BLUE LAGOON DRIVE	
Suite, Apt. #, etc. 8th FLOOR		Suite, Apt. #, etc. 8th FLOOR	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33126	Country USA	Zip 33126	Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 57-1136520		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA-MORERA, ENRIQUE J 1414 PONCE DE LEON BLVD. CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name MANUEL A. KAMIREZ Street Address (P.O. Box Number is Not Acceptable) 1200 BRICKELL AVE SUITE 1440 City MIAMI FL Zip Code 33131	
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  DATE 4/25/03			

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	PSD KHOTIAINTSEV, DMYTRO 5200 NW 109 AVENUE APT. 5 MIAMI FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KHOTIAINTSEV DMYTRO 4716 NW 114th AVE #204 MIAMI, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SIGNATURE OF DMYTRO KHOTIAINTSEV

01/24/2003 (305) 629-3651
Date Daytime Phone #

CR2E034 (10/02)