## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 12, 2001 8:00 am Secretary of State DOCUMENT # P9200004035 1. Entity Name KENCO COMMUNITIES, INC. 03-12-2001 90419 026 \*\*\*150.00 Mailing Address Principal Place of Business 1000 CLINT MOORE RD. 1000 CLINT MOORE RD. SUITE 110 SUITE 110 **BOCA RATON FL 33487** BOCA RATON FL 33487 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0390906 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ENDELSON, KENNETH M Street Address (P.O. Box Number is Not Acceptable) 1000 CLINT MOORE RD. SUITE 110 **BOCA RATON FL 33487** Zip Code City FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE Change ☐ Addition DT □ Delete TITLE NAME ENDELSON, KENNETH NAME STREET ADDRESS STREET ADDRESS 1000 CLINT MOORE RD., SUITE 110 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** ☐ Addition Change ☐ Delete TITLE TITLE NAME FINKELSTEIN, RICHARD NAME STREET ADDRESS STREET ADDRESS 1000 CLINT MOORE RD., SUITE 110 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** ☐ Change ☐ Addition Delete TITLE NAME\_ NAME GRAY, JUDY, M. STREET ADDRESS STREET ADDRESS 1000 CLINT MOORE RD., SUITE 110 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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13. 1 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Judy Matthews July Matthews GRAY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Desymme Phone \*