## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Jan 29, 2001 8:00 am DOCUMENT # P93000054367 **Secretary of State** KENDALL CARD SERVICES, INC. 01-29-2001 90135 022 \*\*\*150.00 Principal Place of Business Mailing Address 8260 W. FLAGLER ST. 8357 W. FLAGLER ST. a n n n n n n SUITE 2D MIAMI FL 33144 MIAMI FL 33144 US US 2. Principal Place of Business 3. Mailing Address 7370 N.W. 36 STREET Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-0428825 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GONZALEZ, FRANCISCO J Street Address (P.O. Box Number is Not Acceptable) 9773 SW 93RD TERR. **MIAMI FL 33176** City Zio 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. 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) ☐ Delete Change ☐ Addition TITLE TITLE GONZALEZ FRAULITED N. GONZAEZ, FRANCISCO NAME NAME STREET ADDRESS STREET ADDRESS 9773 J.W. 83 TERRACE 9773 S.W. 93 TERR. CITY-ST-ZIP AMI FL. 33176 CITY-ST-ZIP MIAMI FL 33176 Change VS. Delete ☐ Addition TITLE TITLE ARNAIZ, RICARDÓ NAME NAME 13717 S.W. 21 TERR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMINEL 33175 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME GONZALEZ, FRANCISCO N. NAME STREET ADDRESS STREET ADDRESS 97735.W. 937=NR. CITY-ST-ZIP CITY-ST-ZIP TOTE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 11 or Block 12 if

SIGNING OFFICER OR DIRECTOR