

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000041898

1. Entity Name  
BRISTOL OF KENDALL, INC.

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90014 040 \*\*\*150.00

Principal Place of Business Mailing Address  
4850 S.W. 72ND AVENUE 4850 S.W. 72ND AVENUE  
MIAMI FL 33155 MIAMI FL 33155

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0526691 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

PAPY, CHARLES C JR.  
201 ALHAMBRA CIRCLE  
SUITE 502  
CORAL GABLES FL 33134

## 7. Name and Address of New Registered Agent

Name Patricio Cervantes  
Street Address (P.O. Box Number is Not Acceptable)  
4850 SW 72 Avenue  
City Miami FL Zip Code 33155

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 P. Cervantes

(NOTE: Registered Agent signature required when reinstating)

3/22/01  
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE PD  
NAME CERVANTES, PATRICIO  
STREET ADDRESS 13632 DEERING BAY DRIVE  
CITY-ST-ZIP CORAL GABLES FL 33158 ☐ Delete

TITLE SD  
NAME CERVANTES, MARIA EUGENIA  
STREET ADDRESS 8761 SW 84 COURT  
CITY-ST-ZIP MIAMI FL 33158 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE: P. Cervantes  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3056611569 3/22/01  
Date Daytime Phone #

CR2E034 (10/00)