

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000006032

1. Entity Name

GBS KENDALL, INC.

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90086 039 ***150.00

Principal Place of Business

Mailing Address

% MORTON R. GOUDISS, ESQ.
1111 LINCOLN RD., SUITE 325
MIAMI BEACH FL 33139

% MORTON R. GOUDISS, ESQ.
1111 LINCOLN RD., SUITE 325
MIAMI BEACH FL 33139-2439

2. Principal Place of Business

11297 South Dixie Highway

Suite, Apt. #, etc.

3. Mailing Address

117 S.W. 9th Terrace

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Hallandale, Florida

4. FEI Number

65-0560856

Applied For

Not Applicable

Zip

33156

Country

USA

Zip

33009

Country

USA

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

GOUDISS, MORTON R
1111 LINCOLN RD.
SUITE 325
MIAMI BEACH FL 33139

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BERN, KENNETH S
1037B NW 3RD ST
HALLANDALE FL 33009 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BERNS, KENNETH
117 N.W. 9th Terrace
Hallandale, Florida ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
BERN, MARLA
1037B NW 3RD ST
HALLANDALE FL 33009 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
BERN, MARLA
117 N.W. 9th Terrace
Hallandale, Florida 33009 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00

Date

954 456 2988

Daytime Phone #

CR2E034 (9/99)