

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90946 018 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000013491

1. Entity Name
KENDALL SEWING MACHINE, INC.



Principal Place of Business
15174 SW 56 STREET
MIAMI, FL 33185 US

Mailing Address
15174 SW 56 STREET
MIAMI, FL 33185 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FET Number
65-0557341

Applied For
☐ Not Applicable

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

GUTIERREZ, JORGE
15174 SW 56 STREET
MIAMI, FL 33185

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when re-statutory)

DATE

**FILE DOWN: Fee is \$150.00
After May 1, 2003 Fee will be \$250.00
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

☐ Delete
TITLE PD
NAME GUTIERREZ, JORGE
STREET ADDRESS 15174 SW 56 STREET
CITY-ST-ZIP MIAMI, FL 33185

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

☒ Delete
TITLE SD
NAME GUTIERREZ, ANA
STREET ADDRESS 15174 SW 56 STREET
CITY-ST-ZIP MIAMI, FL 33185

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

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

DATE

Daytime Phone #

4-9-2003

CR2E034 (10/02)