

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

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90073 005 ***150.00

DOCUMENT # P95000057482

1. Entity Name
KENLEE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9000 SW 87 CT

3. Mailing Address
9000 SW 87 CT

Suite, Apt. #, etc.
202

Suite, Apt. #, etc.
202

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33176

Country
US

Zip
33176

Country
US

4. FEI Number
65-65-0595309

Applied For
☐ Not Applicable

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

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ROSEN, KENNETH A

Street Address (P.O. Box Number is Not Acceptable)
9000 SW 87 CT

SUITE 202

City
MIAMI

FL

Zip Code
33176

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
ROSEN, KENNETH A
9000 SW 87 CT
MIAMI FL 33176**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
SANTOS, BLANCA
9350 S. DIXIE HIGHWAY
MIAMI FL 33156**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH A ROSEN

Date

2/2/02 305-279-6013

Daytime Phone #

CR2E034B (12/01)