

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

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91341 033 \*\*\*150.00

DOCUMENT # P95000094925

1. Entity Name

Kennedy & Kennedy Enterprises, Inc.

668966

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3247 SW 89 CT

Suite, Apt. #, etc.

3. Mailing Address

3247 SW 89 CT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0633948

Applied For

Not Applicable

Zip

33165

Country

USA

Zip

33165

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

SEVERINO KENNEDY

Street Address (P.O. Box Number is Not Acceptable)

3247 SW 89 CT

3247 SW 89 CT

City

MIAMI

FL

Zip Code

33165

**DO NOT WRITE  
IN THIS SPACE**

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 resigning)

DATE

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

January 1st Fee is \$150.00  
After May 1st Fee is \$550.00  
Amended UBR is \$61.28  
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	<u>D/P</u>
NAME	<u>KENNEDY CELINDA</u>
STREET ADDRESS	<u>3247 SW 89 CT</u>
CITY - ST - ZIP	<u>MIAMI FL 33165</u>
TITLE	<u>D/VISIT</u>
NAME	<u>KENNEDY SEVERINO</u>
STREET ADDRESS	<u>3247 SW 89 CT</u>
CITY - ST - ZIP	<u>MIAMI FL 33165</u>
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**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)(f), 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 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Severino Kennedy - SEVERINO KENNEDY 4/19/02 305-226-4918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)