CR2E034 (10/00)

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9600001653 KENNETH F. DARROW, P.A. Principal Place of Business Mailing Address 9400 S DADELAND BLVD 9400 S DADELAND BLVD PH 5 PH 5 MIAMI FL 33156 MIAM! FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

DARROW, KENNETH F

MIAMI FL 33156

(See criteria on back)

PH 5

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-7IP

CITY-ST-ZIP

9400 S DADELAND BLVD

9. This corporation is eligible to satisfy its Intangible

DARROW, KENNETH F

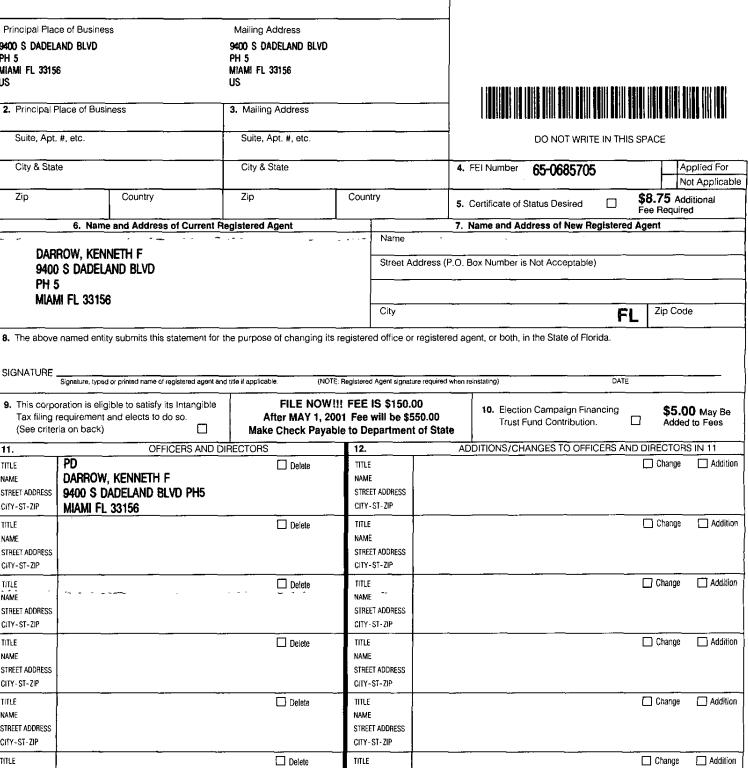
9400 S DADELAND BLVD PH5

Tax filing requirement and elects to do so.

MIAMI FL 33156

FILED May 10, 2001 8:00 am Secretary of State

05-10-2001 90058 028 ***150.00



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 empewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if other li<u>ke</u> empowered.

Name

City

FILE NOW!!! FEE IS \$150.00

12.

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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