

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
 05-15-2001 90131 011 ***150.00

0195108

DOCUMENT # P96000067039

1. Entity Name

KENDALL KITCHENS, INC.

Principal Place of Business

**10705 S.W. 216TH ST.
 MIAMI FL 33170**

Mailing Address

**5950 S.W. 113 STREET
 MIAMI FL 33156**

00066204



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19386 SW 106 Ave

Suite, Apt. #, etc.

3. Mailing Address

5950 SW 113 St.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip
33157

Country
USA

Zip
33156

Country
USA

4. FEI Number **65-0702215**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DUNSTAN, SCOTT C
 10705 S.W. 216TH ST.
 MIAMI FL 33170**

7. Name and Address of New Registered Agent

Name **Scott Dunstan**

Street Address (P.O. Box Number is Not Acceptable)
19386 SW 106 Ave

City **Miami**

FL

Zip Code **33157**

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

Scott C. Dunstan

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

(NOTE: Registered Agent signature required when reinstating)

5/1/01

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, 2001 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

TITLE **P** ☐ Delete
 NAME **DUNSTAN, SCOTT C**
 STREET ADDRESS **5950 S.W. 113 STREET**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE **T** ☐ Delete
 NAME **DUNSTAN, STACEY L**
 STREET ADDRESS **5950 S.W. 113 STREET**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

Scott C. Dunstan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01

DATE

7862423655

Daytime Phone #

CR2E034 (10/00)